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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico Wicomico Haryland COUNTY MARYLAND STATE COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) end give nearest town) (in this place) TOWN Salisbury TOWN Saliabury HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS 309 Elmwood St 309 Elmwood St (First) 3. NAME OF (Middle) (Last) DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH WILL LAM MANSFIELD AUSTIN 9 th 19 57 6. COLOR OR 5. SEX SINGLE, MARRIED 8. DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR HE UNDER 24 HRS. RACE WIDOWED, DIVORCED Months Days Hours White (Specify) Married Male August 8, 1878 Yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Steta or foreign country) CITIZEN OF WHAT dona during most of working life, even If OR INDUSTRY COUNTRY? refired Retired House Painter (Painting New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Austin Julia Base 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Mrs. Cynthia C. Austin (Wife) 309 Elmwood St. (Yas, no, orunk.) (If Yes, give war or dates of service) Salisbury Maryland 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO **EX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING** TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 190, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Homa, ferm, fectory, (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from...... 19 ...., and that death occurred at 6: 454 M, from the causes and on the date stated above SIGNATURE Dr. Wm. D. Gray ADDRESS (Streat, city, town, state) DATE SIGNED 334 Camdon Ave. Salisbury. Md. 1957 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) Rehobeth Cemetery Burial May 11.1957 Somerset Co. Maryland 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SALISBURY, MARYLAND

HOLLOWAY & COMPANY

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or attending by the hospital HARVEAU STATE SEPANYETS OF STATE SHARVES AND TO SHARVE SALVINGS.

### CERTIFICATE OF DRATH

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has Elenn executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05734

### CERTIFICATE OF DEATH

056637

Reg. Dist. No.

1. PLACE OF DEA	TH			2. USUAL RESID	ENCE (HOME) OF DECEASE	D
COUNTY	Wicomico	MARY	I-AND	STATE Maryl	and COUNTY Wie	omico
CITY (If outside car	poreta limits, write RURAL	LENGTH (	OF STAY		porata limits, write RURAL and give ne	
OR end give neer TOWN	Salisbury	(in this	plece)	OR		
	gerraum?			XO TOWN Salis		
HOSPITAL OR INSTITUTION OR				ADDRESS	(If rurel give location)	
STREET ADDRESS	Glenn St (F	LD.#5)		Glen	n St (R.D. # 5)	
3. NAME OF	(First)	(Middle)		(Last)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print)	BLIZA	I.		BINIT.	DEATH MAY	6 th 10 57
S. SEX   6. CO		GLE, MARRIED,	8. DATE C			R 1 YEAR   IF UNDER 24 HRS.
R,	ACE   WIE	OWED, DIVORCED.			Months	Days Hours Min.
		cify) Widowed		ber 22,1869	87 yes. 4	14
ion. USUAL OCCUPATION done during most of		OR INDUSTRY	55	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY?
retired) House				Virginia		USA
13, FATHER'S NAME				14. MOTHER'S MAIDE	N NAME	
George T.	Mears			Nargaret :	Belete	
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE	\$?   16. SOCIAL SE	CURITY NO.			
(Yes, no, or unk.) (If Ye	as, give wer or detes of sen	rica)		Mrs. Pauli	ne Brittingham (De	ughter )R.D. 45
Unit				Glenn St	Salisbury, Maryl	INTERVAL BETWEEN
ANTECEDENT DISEASES OR CONDITIO GIVING RISE TO THE AI STATING UNDERLYING	T CAUSE(S) DUE TO	Senis	lity	scular (	Lecidat	
TO THE DEATH BUT NO DISEASE OR CONDITION		G				
190. DATE OF OPERATION	N 196. MAJOR	FINDINGS OF OPERATION	ON			20. AUTOPSY? YES NO
21m. ACCIDENT WAS UN OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH   OF INJI	LACE (Hame, form, facto URY street, office bidg., e	ory, ic.)	21c. WHERE DID INJURY OCC	OUR? (City or town) (Cou	nty) (Slete)
21d, TIME OF INJURY (	Month) (Day) (Year) (H		CURRED loj while t work	2H. HOW DID INJURY OCC	CUR?	Fig. 12 s
alive on		, and that death	occurred as	AD	causes and on the date state DRESS (Street, city, town, state) alisbury, Maryland	ed above.
23. BURIAL, CREMATION REMOVAL (SPECIFY)		F NAME OF	CEMETERY OR		LOCATION (City, town, or count	
Burial	May 8,1	957 Para	ons Cem	sterv	Salisbury, Mary	land
24. REC'D BY REGISTRAR				25. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS
AAY 1 0 19!	57 UM	7 Del	1	1	OMPANY - SALISBU	

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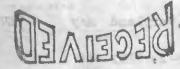
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third open-of death certificate assembly should be detached for use as a burial transit permit.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

0566,9 Reg. Dist. No.

05630

1. PLACE OF DEATH				2. USUAL R	ESIDENC	E (HOME) OF D	ECEASE	D		
COUNTY VICOMICO MARYLAND		STATE Maryland COUNTY Wicomico								
	limits, write RURAL	LENGTH C	OF STAY	CITY (If out	tside corporate	limits, write RURAL e	nd give ne	erest lown		
OR and give naerest to TOWN	Salisbury	(in this	placa)	OR TOWN	Salisbu	3007				
HOSPITAL OR	Derranda			STREET	Ser TED		e location)			
INSTITUTION OR	Den Con	Wanted And		ADDRESS	70E W.		* *************************************			
	Pen. Gen.				235 He	zel Ave.				
3. NAME OF DECEASED	(First)	(Middle)		(Lest)		4. DATE (Mor	ith)	(Day)	(Yea	ir)
(Type or Print)	WILLIAM	K	BC	NNEVILLE		DEATH	MAY	25	th 19	57
5. SEX 6. COLOR		SLE, MARRIED,	8. DATE	OF BIRTH	9.	AGE last birthday	IF UNDE	R 1 YEAR	IF UNDER	24 HR
Male White	(Spar	owed, divorced, city) Married	Comb	21.1878		72 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (GI	ve kind of work	10b. KIND OF BUSINE	Sept.	11. BIRTHPLACE (SIE	ata as famina		1 3	7 (17:25	N OF WH	4.7
done during most of worki	ing life, aven If	OR INDUSTRY	4545	II. OK III ENCE (SIE	are or rotergii	country		COUN		31
relired Retired	Barber	Barber		R.D.# Sr	low Hil	1. Maryla	nd	U	SA	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
Selby Bo	nneville			Cathe	rine J	ohnson				
15. WAS DECEASED EVER IN		16. SOCIAL SE	CURITY NO.					-122	10000	1
(Yas, no, or unk.) (If Yas, glv	ve war or dates of servi	ica)		Mrs. El	Tregood	Phillip	sonne	ATTTE	CMII	3)
044		40.14			TO TOWN	A. Darren	II y o M			
I DISEASES OR CONDITIONS	DIRECTLY LEADING T	O DEATH	DICAL CE	RTIFICATION					RVAL BETV	
		Yanh.	1:40	his tro	1 /	4.				
5 1/ A MANEDIATE CA		00000	~~	2	- which	0/2				
ANTECEDENT CA		Cinh	mm 1- Pt	Dr.		1		1 2	2 with	-,-
DISEASES OR CONDITIONS, GIVING RISE TO THE ABOVE	CAUSE	Crown	497	· Cover				-	_ 0/ 0	4
STATING UNDERLYING CAUS	SE LAST. DUE TO		1							
I OTHER SIGNIFICANT CONDI				. 7				-		
TO THE DEATH BUT NOT RE	LATED TO THE	Ser P.	Mante	Tich-on	た.1	:CMM-C-	1 - has	M.		
DISEASE OR CONDITION CA		EINDINGS OF OPERAVIO	( COO) C		7		~~ /	7.00		
198. DATE OF OPERATION	IPD. MAJOR	FINDINGS OF OPERATIO	214	//	v J		U	YES YES		SY?
21a. ACCIDENT WAS UNDERL	YING TO 216. PL	ACE (Home, farm, facto	rv. I	21c. WHERE DID INJU	IRY OCCUR?	(City or town)	(Cou		(State	1-4876
OR CONTRIBUTING CAUSE OF	OF DEATH OF INJU	IRY street, office bldg., et	c.)		• • • • • • • • • • • • • • • • • •	(dil) or lower	100	111 2 /	( m) com	,
21d. TIME OF INJURY (Month		our)   21a, INJURY OCC	URRED	21f. HOW DID INJU	RY DCCUR?					
		While N	of while							
			work 🗀							
22. I hereby certify	that I attended t	he deceased from	****************	, 19	o	19	, that I	last say	w the de	cease
alive on	19	, and that death	occurred a	3:55A M. fro	om the cau	ses and on the	ate state	ed abov	e.	
SIGNATURE Dr.						SS (Street, city, low			DATE SI	GNE
William	- 1220	6	M.O. M	edical Cen	ter -c	al tahuwe 1	tA.	Mer	A C	19
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF	CEMETERY OF			OCATION (City, tow		May		State)
REMOVAL (SPECIFY)										
Burial-	May 28,		arsons	Cemetery		Salisbury	Ma:			
24. REC'D BY REGISTRAR	REGISTRAR'S S	SIGNATURE		25. FUNERAL DIE				ADDRESS		
DATE MAY 2 1 1	OHT There	M All		HOLLOWAY	& COMP	ANY - S	LISE	URY k	LARYL	UND

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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y be retained by the hospital or attending physician.

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The law requires that the death certificate be executed within

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PLACE OF DEATH

## CERTIFICATE OF DEATH

Reg. Dist. No...

337

COUNTY Wicomico	MARYLAND	STATE Maryland	COUNTY	Wiconic	0
CITY (If outside corporate (mits, write RURAL OR end give neeres) town) TOWN Salisbury	LENGTH OF STAY [in this place]	CITY (If outside corpord OR TOWN Salisbi	ote limits, write RURAL e	nd give neerest town	a)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 335 Candon A	76	STREET ADDRESS 335 (	(If rure) giv	re location)	
3. NAME OF DECEASED LAURINAS LAURENZ	(Middle) BR	ASKA (Either)	4. DATE (Mon		(Yeer)
	D, DIVORCED,	t 15,1891	. AGE lost birthday 65 yrs.	Months Deys	Hours   Man.
done during most of working life, even if retired) Laborer (Water Front)	KIND OF BUSINESS OR INDUSTRY LongShoreman	11. BIRTHPLACE (State or foreign	nia.	12. CITIZ	EN OF WHAT
13. FATHER'S NAME Peter Braska(or)Brasky		14. MOTHER'S MAIDEN N	AME (Unk)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.)  (# Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Berthe	Cooper (Da	ughter)33	5 Camden
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	2 0	TIFICATION		INT	ERVAL BETWEEN
. IMMEDIATE CAUSE (A)	corebal in	soular x	widen		5 despo
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	artenio- pe	ele rosis			2/
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hymoteusie	on tryperfe	enic tea	if sales	2-
190 DATE OF OPERATION 196, MAJOR FINDS	NGS OF OPERATION	01		YES	O AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY shifter, NOTIFY MEDICAL EXAMINER)	(Home, ferm, fectory, eet, office bldg., etc.)	te. WHERE DID INJURY OCCUR	(City or town)	(County)	(Sieta)
21d. TIME OF INJURY [Month] (Day) (Yeer) (Hour) M.	21e, INJURY OCCURRED While Not while et work el work	21f. HOW DID INJURY OCCUR		C	
22. I hereby certify that Vattended the	eceased from	, 19.55 , to FL	Ly 7 19	, that I last sa	w the deceased
alive on	and that death occurred at	ADDR	ESS (Street, city, low	late stated abor	DATE SIGNED
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	3 E.St. Delmar,	LOCATION (City, town	MAY	(Stele)
Burial May 10,19	57 Wicomico M	emorial Park	Salisbur	y. Maryla	mđ
24 MAY TUIST REGISTRAD'S SIGNA	Il Tollowan	25. FUNERAL DIRECTOR'S S HOLLOWAY & COM		ADDRES:	S

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEINED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 05684 Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY VICOMICO MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) LISBURY RIMPESS d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NERAL NAME OF Middle Last 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 195 ANNON 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Dovs Hours DIVORCED [ WIDOWED [7] OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY WEIGHTLACE (State or fareign country) Y75. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse pending for (a), (b), and (c) } INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) While factory, street, office bldg., etc.) q. m. Not while at work 🔲 of work p. m. 21. I certify that hattended the deceased fram. Ithat I last saw the deceased alive an and that death accurred at 32.22 TM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S Andrew O. Mitchell NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION IC RÉMOVAL (Specify) O 23 FUNITAL DIRECTOR'S SIGNATURE ADDRES! A40. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1 9/55

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### CERTIFICATE OF DEATH

05736 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico Maryland COUNTY Wicomico DESCRIPTION COUNTY Ilf autside corporate fimits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give pearest town) end give negrest town) (In this place) 0.2 TOWN Hebron(Rural TOWN Hebron (Rural) HOSPITAL OR STREET (if rural give location) INSTITUTION OR ADDRESS STREET ADDRESS R.D.# 3. NAME OF [Middle] (Last) DESCRIPTION OF THE PERSON NAMED IN (Month) Dayl [Yaer THE REAL PROPERTY. (Type or Print) HARVDY HOWARD CARLTON 9 th 57 19 5. SEX COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. Months (Specify) Widowed Male White Jeb. 5. 1883 3 YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Stale or foreign country) CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? relired) Farner Chico. California USA Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles C. Carlton Mary Louise Markham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Miss. Alma V. Carlton(Daughter)R.D. 4 1 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yes, give war or detes of service) Mehron. Maryland 16. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Throng horis ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? [City or town] (County) (Stata) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Whila Not while at work to may 9, 19 . T, that I last saw the deceased 22. I hereby certify that I attended the deceased from...... alive on 723 CA 8 .... 19 5 .. 7 and that death occurred at 10:10R. Kem the causes and on the date stated above. SIGNATURE Dr. Wh. Enrich. ADDRESS (Street, city, town, stata) DATE, SIGNED CAL M.D. Hebron, Maryland BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Burial May X4, 1.95? Greenfield Cemetery Rockville Center-L. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & HOOMPANY - EALISBURY, MARYLAND

CERTIFICATE OF DEATH 05685 Rea. Dist. No. With director 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. CQUNTY o. STATE filed b. COUNTY MARYLAND ICOMIC Mary OMIC haurs ofter death ero CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY CRITOWN (If putside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest fown) i's, Md d NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Boot 24 YES NO and 2. NAME OF Middle 4. DATE Month Day Year DECEASED OF Mae DEATH (Type or print) 19 IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs Min. DIVORCED | WIDOWED [ popers. campl USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth during mast af warking life, even if retired) Head-Creek. puo OPOVEY Maryland pan ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. attending | death INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) ned gave rise to immediate **DUE TO** coese (b), stating the under-Ö lying cause lost. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o.m. While Nat while of work | of work 21. I certify that Lattended the deceased from Ahat I last saw the deceased and that death loccurred a alive on M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL å SIGNATURE P 0 shaule PUNERAL I O HOSPITAL PHYSICIAN'S NAME (Type) 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) uria OF PUNERAL DIRECTOR'S BYGN. **ADDRESS** 24a, REC'D BY REGISTRAR 245: REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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7 -	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	05686 CERTIFICATE OF DEATH  Reg. Dist. No. 332
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ly filled in Poges I onc	3 NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HBS)
d completel n popers. P leath.	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTIMPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
physicion ond move corbon hours after de	13. FATHER'S NAME  - UNKNOWN - UNKNOWN -
ottending pl please rem within 72 h	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  INTERVAL BETWEEN  ONSET AND DEATH
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d by the hospin RECTOR: After be ched for ior Journal, Ci	21. I certify that I attended the deceased from May (,, 195), to May (c, 195), that I last saw the deceased alive on 1957, and that death occurred at 150 M, from the causes and on the date stated above.  ACTUAL 1959 (Street, city or town, state)  DATE SIGNED
Servetoine 3 should gistror pr	SIGNATURE A M.D. S) ALL STATE THEREOF TO CREMATION, 22b. DATE THEREOF TO CREMATION (City, town, or county) (Stote)
VS A1S (4)	BURIANS 5-157 ST. PAUL CEPTETERY RURAL-STOCKTON, MD.  23 EUDIEN DIRECTOR'S SIGNATURE DASON POCOMOKE MD DATE 17:357  DOCUMENT DATE 17:357
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BUREAU V. S.

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VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05688 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY o. STATE filed b. COUNTY MARYLAND DICOMICA MORCESTER b CITY OR TOWN (If autside carporote limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) SALISBURY OCOMOKE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS n IS RESIDENCE OR INSTITUTION ON A FARM? in by t MAAKET YES NO K TENIN SU NAME OF First Middle Lost 4. DATE Month Day DECEASED OF DEATH (Type or print) MABL 0 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IFJUNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours DIVORCED I WIDOWED | 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY [11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NONE MARY pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME off DR. ISAAC OLIVIA ADAMS COSTEN IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address POCOMONE VONE 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cattse (a), slating the underlying couse lost. PAIN 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES INO I 290. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) 20d. INJURY OCCURRED Day. Year (County) (State) factory, street, office bldg, etc.) Hour a.m. of work at work (D) m certify that I attended the deceased from that I last saw the deceased ALM, fram the causes and on the date stated above. alive and and that death accurred ai ADDRESS (Street, city or fown, staff ACTUAL be SIGNATUR PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) PITTS CREE 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR 15M 9/SS



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05681
	05689 CERTIFICATE OF DEATH Reg. Dist. No. 33.2
1.	ACE OF DEATH COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE December 10. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY c. December 10. County c. STATE b. COUNTY c. December 10. County c. STATE b. COUNTY c. December 10. County c. STATE c. December 10. County c. Decem
1	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  12 Jal 15 bury
t	NAME OF HOSPITAL (If not in hospital, give street address)  or institution  or institution  or institution  yes \[ \text{NO} \text{NO} \]
3.	CEASED  Pe or print)  Middle  Lost  4. DATE Month Doy Yeor  OF DEATH MAY  7 1957
5.	12-Le White WIDOWED DIVORCED May 7, 1957 lost birthday) Months Days Hours Myn
1	ISUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIJTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY UNITED THER'S NAME  14. MOTHER'S MAIDEN GAME
T Y	IN + red Richen Crockett  AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT  Address
·_ / 'n	CAUSE OF DEATH [Enter only one couse per lips for (o), (b) ogd (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gave rise to immediate DUE TO  DUE TO  DUE TO  DUE TO
J. FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?  YES X NO
CERT	DO. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  R CONTRIBUTING   CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	Cc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m.    P. m. 19   While Not while all work of wark   19   19   19   19   19   19   19   1
	1. I certify that I attended the deceased fram 5/7, 19.57, to 5/7, 1957, that I last saw the decease alive an 5/2, and that death accurred at 5/29M, fram the causes and on the date stated above
1	CTUAL TO N. Sunderson A. 9 Up H. Durision 5 5 15 5
27	MYSICIAN'S IAME (Type)  JULIAL CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY A 22d, MOLATION (CITY, TOWN, OF COUNTY) (Stories)
	INPRIAL CREMATION, 22b DATE THEREOF  22c NAME OF CEMETERY OR CREMATORY  3-8-5-7.  PURILLAL DIRECTOR'S SIGNATURE  ADDRESS  22d. ICATION (City. town, or county)  (Storie)  22d. ICATION (City. town, or county)
	ninsulo Teneral Hospital DATES-8-57 Mary W. Holloma

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 13 Film 21 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution/libuidence before of o. COUNTY 6. COUNTY Wi comi co g. STATE MARYLAND b. CITY OR TOWN Itt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If cylyide corporate limits, swite RURAL and give yearest town) end give record town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Poningula Comeral Hospital YES 🖺 NO 🖳 3. NAME OF DECEASED First Middle DATE Lost Month Year William Dale DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX IF UNDER LYEAR IF UNDER 24 HRS. toined Months Hours Min Days Ĉ WIDOWED [7] DIVORCED T 0 16a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 5 2 during most of working life, even if retired) è 13. FATHER'S NAME moy Poges WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Uremia Days IMMEDIATE CAUSE (a) **DUE TO** Acute tubular nephritis Veaka Conditions, If ony, which ] gove rise to immediate cause guo **DUE TO** (o), stating the underlying couse last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY 00 CERTIFICATION PERFORMED? YES P NO [ 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) Ехош 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) writing the factory, street, office bldg., etc.) Hour o.m. While Not while at work at work ø. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection 3. Inquiry Tond find that death resulted from: Notural causes Accident , Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. 00 SIGNATURE forworded to FUNERAL ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S cute the NAME (Type) DEPUTY MEDICAL EXAMINER TO BURIAL CREMATION, 1226. DATE THEREOF 22E. NAME OF CEMETERY OR CREMATORY 22da LOCATION (City, town, or county) (Stote) EMOVAL [Spen fy] 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 244\_REGISTRAR'S S.GNATURE VS. A15ME画 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05738 cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Wicomico O. STATE Maryland **b.** COUNTY Vicomico MARYLAND b. CITY OR TOWN (If outside corporate livers, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Salisbury Salisbury (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Cherry Way Zion Rd. YES NO 3. NAME OF First Middle DATE Lost Manth Day Year far your DECEASED MADNI WATSON DAVIS (Type or print) MAY DEATH 18 th 57 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. retained 2 with th Months Min. Female July 28,1901 White WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give Kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo Employee (Pants-Factory Worker Hebron, Maryland e Q US 🛦 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Page 5 mc Poges 7 n Minos Washington Watson Mora Bailey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs.Litty Bayard(Sister) 418 W. College Ave. e L P. Give I Salisbury, Maryland permil. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: olong with form IMMEDIATE CAUSE (o) Cerebril vascular accident. Sudden **buriol-tronsit DUE TO** Canditions, if ony, which gave rise to immediate course DUE TO (a), stoting the underlying couse last. pending" in iner's Office Q PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY ő CATION PERFORMED? ward ''pendia NO T 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) pe PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) 354 factory, street, office bldg., etc.) Hour Not while 0. M of work of work Medic Poge p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XI. Inquiry X. and find that N TO A deoth resulted from: Notural couses [7] Accident . Suicide | | Homicide . Undetermined couse certificate. ACTUAL DATE SIGNED 00 CHIEF MEDICAL EXAMINER T SIGNATURE cute the cert forworded to D FUNERAL I L. Royer, IL.D. ASSISTANT MEDICAL EXAMINER [X] May NAME (Type) Dr. Kendrick McCullough DEPUTY MEDICAL EXAMINER & Pen. Gen. Hospital-Salisbury 220. SURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) O May 22.1957 Burial Hebron Cemetery Mebron, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) HOLLOWAY & COMPANY FUNERAL HOME - SALISBURY.MD. 4. cana DATE 5M 9/55

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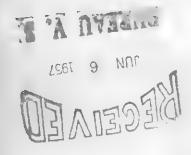


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Me He		S.	CAUSE OF DEATH	NIMIBUTING LI	Femily quar	mel.					
hief show		WEDICAL	20c TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRE	D ale PLACE	OF INJURY (Home,	form,   20f. (C ly o	r lown)	(County)	(Stote)
10 a a a a a a a a a a a a a a a a a a a		WED	Hour o.m.	5_ 30 1957	While Not while of work	PER STATE	street, office bldg. OM O		abury	Wi comi co	163.
a the bear				hot I taok charge of	the remains descri				pectian [X],	Inquiry XI,	and in my
R C			opinion deoth	resulted from: Na	tural causes [],	Accident	Suicide	, Hamicide	V. Undetern	mined manner	
dg gg				1 91	0				-		_
orw ORE			ACTUAL SIGNATURE	can L	· Van		I.D. CHIEF MEDIC	AL EXAMINER		D	ATE SIGNED
be f		1	EXAMINER'S				ASSISTANT M	EDICAL EXAMINER		6	-4-57
des des		_	NAME (Type)	Egrl L. Roy	or, il.D.			CAL EXAMINER	-		
Sho est		220	PEROVAL SPECIAL	ON 224 DATE THEREOF	225 NAME OF S	EMETERY OR CR	EMATORY	728 JOC ()	ON City town or	county)	(S101w)
9 4 0 p		1	Level	10.3-01	Jan	Ature!	-Com-	بالمت	1/2 sus	THE	
ATSME		23	FUNERAL DIRECTOR	S SIGNATURE	ADDRES		240	REC'D BY REGISTRA	RF 246 REGISTI	RAR'S SIGNATURE	4
M. 2/57		_		_	n w sweetsen			N 1714	574/las	ey the to	Chrony

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05684 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY Wico ico **b** COUNTY Wicc. ico MARYLAND b CITY OR TOWN I I outside corporary limits, write BURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) retained for e State Boar e SPE F . ON A P 603 Rose St. Rose St. 3. NAME OF Middle DATE DECEASED Robert Farming (Type ar print) DEATH 5. SEX 6 COLOR OR RACE 7. MARRIED THE MARRIED 8 DATE OF BIRTH 9 AGE tin years IF UNDER TYEAR IF UNDER 24 H. Months Days Hours WIDOWED [7] DIVORCED [ yrs. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR NDUSTRY during man of working life, even if retired) Poge ! 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 18. Give Poges 1 with form PM3. mil. File poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levent 15. WAS DECEASED EVERYN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT yes. give wor or dates of service: 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) UNITERVAL HERWEIN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NOPT 20o. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote. factory, street, office bldg, etc.] While Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 17. Inquiry 19. opinion death resulted fram. Natural causes , Accident , Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED **EXAMINER'S** DEPUTY MEDICAL EXAMINER FF NAME (Type) 27d LOZATION (City, lown, or county)



INSTRUCTION

TO FUNETAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy

VS A15C 1-55 10M

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 95685

## CERTIFICATE OF DEATH

0569	9.3			R	eg. Dist. No.	*** *** * *	
1. PLACE OF DEATH	<u> </u>		2. USUAL RESID	ENCE (HOME) OF D	ECEASED		
COUNTY Wicomic	CO MARYI	STATE Maryland COUNTY Wicomico					
CITY (If outside corporate limits, write if OR end give nearest town)	RURAL LENGTH C	OF STAY	CITY (If outside co	rporata limits, writa RURAL	and give nearest town		
TOWN Salis		p.1000/	TOWN Salis	bury			
HOSPITAL OR INSTITUTION OR	*		STREET ADDRESS	(If rurel gi	ve focelion)		
	Jen. Rospital			Dover St			
3. NAME OF (First) DECEASED	(Middle)		(Last)	4. DATE (Mo	nth) (Dey)	(Yeer)	
(Type or Print) MARY	LOIS	F	LANNERY		AY 25t)	19 57	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	B. DATE	OF BIRTH	9 AGE last birthdey	IF UNDER 1 YEAR	IF UNDER 24 HR	
Female White	(Specify) Married	May	29. 1905	51. yrs.	Manths 26	Hours Min	
10a USUAL OCCUPATION (Give kind of wo done during most of working life, even	rk 10b, KIND OF BUSINE.	SS	11. BIRTHPLACE (State or fi	oreign country)	12. CITIZE	N OF WHAT	
retired) House Work	None		Baltimore M	aryland	2001	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	1.		
James Richard 1	Higgins		Goldie E	stelle Smith			
15. WAS DECEASED EVER IN U. S. ARMED		CURITY NO.	17. INFORMANT		(		
(Yes, no, or unk) (If Yes, give war or date	a of service)			art Flannery	(Husband)4	24 Dover	
	18. ME	DICAL CE	RTIFICATION	Seliabury.	INTE	RVAL BETWEEN	
J DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DIATH	11/2	1. /	Trader	J ON:	SET AND DEATH	
IMMEDIATE CAUSE	W Freeze	as va	serva v	The state of the s			
VIAITOTECIAL CHOSE(3)	ETO Hubs	tin	1100				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DU	(B) JE TO	- July					
STATING UNDERLYING CAUSE LAST,	(C)						
TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH	н		<u></u>				
19e. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERATIO	DN				D. AUTOPSY?	
21a. ACCIDENT WAS UNDERLYING	21b. PLACE (Home, ferm, fecto	nry.	21c. WHERE DID INJURY OC	CITE? (City or lows)	(County)	(State)	
	OF INJURY street, office bidg., et	ic.j		CONT (City of Tolking	(County)	(3(4.6)	
21d. TIME OF INJURY (Month) (Dey) (Y		URRED of white	21f. HOW DID INJURY OC	CUR?			
		work /		1			
22. I hereby certify that I atte	nded the deceased from	1191	1954 105	1/25 195		w the decease	
alive on	7, and that death	occurred a	8:154 M, from the	e causes and on the	date stated abov	· e.	
aighatuge Dr. O. J. Br	rton - Mitche	211	AE	DRESS (Street, city, to	vn, state)	DATE SIGNE	
118 Anti	they		ryland Ave. Sa	lisbury, Mary	land May	27/57	
23 BUNAL CEPMATION, BATE REMOVAL (SPECIFY)	THEREOF NAME OF	CEMETERY OF	CREMATORY	LOCATION (City, tov	vn, or county)	(State)	
	28,1957 Wice	onico M	emorial Park	Salisbur	y. Marylar	ıd	
24 REC'D BY REGISTRAR . REGIST	RAR'S SIGNATURE		25. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS		
Laster L. 1	1 7		HOLLOWAY & B	OMPORY OF S	AT. TORHRY M	LARYT. AND	

BUREAU V. E.

7261 8S YAM

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BUREAU V. A.

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registrar within 72 ho.

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The bottom copy be retained by the hospital or attending physician.

Certificate has been executed by the attending physician and completely till death certificate assembly should be detached for use as a burial transit permit

YSICLIN OR HOSPITAL: The law requires that the death-eartificate be executed within be retained by the hospital or attending physician.

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05687

### CERTIFICATE OF DEATH

05739

ŝ Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	P
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wi	comico
CFTY (If outside corporate lymits, write RURAL LENGTH OF STAY OR and give naerest town) (in this place)	CITY (If outside corporate limits, write RURAL end give nar	etest lown)
TOWN Fruitland	XORN Fruitland	
HOSPITAL OR	STREET (If rurel give location)	
INSTITUTION OR STREET ADDRESS P.O.B. # (Wicomico Munt Club)	P.O.B.# (Wicomico Run	(4-10-4
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
(Type of Print) EDWARD STEVENSON F	URBUSH DEATH MAY	18th 19 57
S. SEX 6. COLOR OR 7 SINGLE, MARRIED, 8. DATE O	1	
Male White (Specify) Married April	26, 1897 60 yrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
retired Owner & Operator of Riding Stable	Berlin, Maryland	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 3 2
Edward Furbush	Charlotte Elizabeth Tarr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Mrs. Charlotte Schmierer (Da	
(Yes, no, or unk.) (If Yas, give war or dates of service)	Fruitland, Maryland	ugnter)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN
	21.66.	ONSET AND DEATH
IMMEDIATE CAUSE (A) Children	9 Blasken with	5-10 morn
ANTECEDENT CAUSE(S) DUE TO	ed metaslaser	
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION.		20. AUTOPSY?
1/11 cm 1/24 Crenin & Blacket		YES NO
218. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Tarm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., atc.)	(Could be seen a see that the seen and seen are seen as the seen are seen are seen as the see	nty) (Ste.a) 3
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURED While Not while at work at work	214. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12.11.	1 10 5 18 000	
22. I nereby certify that I allended the deceased from A. A. M. A.	! ‰, 19, 10	last saw the deceased
alive on 3 // 8	M, from the causes and on the date state	ed above.
		en i i
	emden Ave. Salisbury, Maryland CREMATORY LOCATION (City, fown, or county	May / / 57
REMOVAL (SPECIFY)	_	
Burial May 21,1957 Ever Green  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Cemetery Berlin, Ma	
		AODRESS
DATE 1/23/57 Mary Holland	HOLLOWAY & COMPANY - SALIS	ROKI WWKIPWD
1 2		

S. W. UASSILL

7261 F 1,

MARIE

after death.

IIIM 9/55



DATE

(Year)

IF UNDER 24 HRS

Hours

S

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO

(State)

57

(Stella)

SALISBURY MARYLAND

MOLLOWAY & COMPANY

57

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MEDEL DEST

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BUREAU V. T.

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BUREAU V. E.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	5692
	05697 CERTIFICATE OF DEATH Reg. Dist. No.	2)2
ogo de la composition della co	1. PLACE OF DEATH a. COUNTY.  MARYLAND  2. USUAL RESIDENCE [Where deceased tived. If institution Residence before. STATE b. COUNTY WARE DECEMBED.	re admission)
Funda	SALISDURY / WKS. DISHON - KURAL	3 ,
by the	d. NAME OF HOSPITAL (If Apt in hospitol, give street address) PENINSULA GENERAL HOSPITAL	e IS RESIDENCE ON A FARM? YES NO S
filled in ges 1 on	3. NAME OF DECEASED (Type or print) EMORY ARRIED TO NEVER MARRIED TO B. DATE OF BIRTH  9. AGE (In poors [IF UNDER 1 YEAR	Year 1957
npletely	MALE White WIDOWED DIVORCED DEC. 3. 1873 83 VIS. Months Days	Hours Min OF WHAT COUNTRY?
and con bon paper er death	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  PETIRED MAIL CARRIER  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
physician move cor house for	WILLIAM M. HASTINGS LENORA C. WORKMAN Address	
ing pl	NO.   It yes give wor or dates of service) NONE VENORA HASTINGS BISHOPS, HIA.	RYLAND
he death	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART 2. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART 3. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)	SEY AND DEATH
d by the mit. Thangard	Canditions, if any, which gove rise to immediate (b) Cerebral Conteriorelevoses	<b>4</b> 1. 1
require on. sit per ind in	carse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
physicinos beer rial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO D
tending ficate I file but the but	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CON	`
PHYSIC hal or of this cert or use as rematiar	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work (County)	(State)
ENDING The haspi The haspi Rt. Affer ached fo burial, c	21. I certify that I attended the deceased from $4-11$ ; 1927, to $3-27$ , 1957, that I last so alive on $3-2925$ , and that death occurred at $4.45$ M, from the causes and on the da	aw the deceased ate stated above.
ined by the prince of prin	ACTUAL SIGNATURE and Silver M.D. Medical Center Sulesbur	J 5/395
PITAL e reto ERAL 3 shou	PHYSICIAN'S NAME (Type)	
may boge the reg	220 BURIAL CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)  PEMOVAL [Specify] 2-57 ODD FFLLOW S CEMETERY BISHOPVILLE ITAIN  23. SONSAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	(Slote)
VS A1S (4) 15M 9/S5	Herry HWakon POCOHHOKE, MODEN 3 19:3	# :

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BUREAU V. &

TGGI OI YAM

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	05698 CERTIFICATE OF DEATH 05694 35
	a. COUNTY  O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)  o. STATE  MARYLAND  COUNTY  D. COUNT
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, gave street oddress)  OR INSTITUTION  ON A FARM?  YES NO
	NAME OF DECEASED (Type or print)
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  9. AGE (Inferent IF UNDER 1 YEAR IF UNDER 24 HRS the brithday) Months Days Hours Min.
r 1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY HOUSE WHAT COUNT
I	Daniel P. Janes Sallie E. Primer
	15. WAS DECEASED EYER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (19. no. or unhadaugh) (1) yes, give were a dates of service) In Brile Mir Williams (1) (1) was the service)
,	18 CAUSE OF DEATH [Enter only one couse per one for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Degree of the county of the count
	422, 2 DUE TO
	gave rise to immediate care (a), stating the under- lying cause tast.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m. 19 of work
	21. I certify that I attended the deceased from \$5-5-, 1957, to 3-5-, 1957, that I last saw the decease alive an 5-5-, and that death accurred at 3,35 M, from the causes and on the date stated above
	ACTUAL 1 ( ADDRESS (Street, city or town, state) DATE SIGNI
	PHYSICIAN'S NAME (Type)
4	PRINCIPAL CREMATION, 226 DATE THEREOF 229 NAME OF CEMETERY OF CREMATORY 220 DOCATION (City, 194m, or county) (State)
	ADDRESS REC'DEN REGISTRAR 240 REGISTRAR'S SIGNATURE
· E	The many sources

BUREAU Y. S.

CEEL 5 YAM.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PUREAU E.

DECEIVED 1967

<b>.</b> /1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
		05700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Them 9 Particular to 6-17-27 et Reg. Dist. No. 352								
should	1,	PLACE OF DEATH  o. COUNTY  Wicomico  2. USUAL RESIDENCE (Where deceased lived. If Intitution: Residence before admission)  o. STATE  b. COUNTY								
Pogas		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	-									
, and the second		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO  YES NO								
ar fild	3	NAME OF First Middle lost 4 DATE Month Day Years								
you you	-	(Type or print) Hazel Holston Hunkavillar DEATH 5-7 19 17								
the form	5.	SEX  6. COLOR OR RACE  7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yours loss builday)  WIDOWED TO DIVORCED TO V. 16 1909   1909   Hours Min.								
w io	100	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)								
y be re	<u> </u>	during most of working life, even if refired)  Stocker store. NEWARIT MD U.S.A.								
2,1,2,0 L s	13.	FATHER'S NAME								
ges oges oges		LADOCK WI. HOLSTON LOTTIE TOWNSEND.								
Sive Po	13. [Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address II. 10. OF WILLIAM OF BUILDING OF BORNESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS ADDRESS AND ADDRESS A								
P. S. G.	Г	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:								
E E		IMMEDIATE CAUSE (6)								
and		DUE TO								
2 = 10 1 = 10 1 = 10		Conditions, If any, which go gove rise to immediate couse								
olon olon buri		(o), storing the underlying DUE TO								
S C C C C C C C C C C C C C C C C C C C	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY								
il jugar	CATION	PERFORMED?  YES NO								
in the community of the	CERTIF	20a. EXTENNAL CAUSE WAS PRIMARY II or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noluce of injury in Port 1 or Port 11 of item 18.)								
ol fac	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, ILACE OF INJURY (Home, farm, 120f. (City or town) (County) (Slote)								
dico	MEC	7:1 p. Sto. 10 > 7 19 )7 of work of at work 1								
raining the ef Medic R: Page 3		21. I certify that I taok charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that								
Chief S.		death resulted from: Notural couses [], Accident [], Suicide [], Hamicide [], Undetermined cause [].								
The state of the s		ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGNED								
£ 2 ~ .	-	SIGNATURE								
he ce irded mayal		EXAMIRER'S NAME (Type) E orl L. Royer, 1.0. DEPUTY MEDICAL EXAMINER (7)								
cute the ce farworded or removal	220	BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)								
5 2 5 0		REMOVAL (Specty) 5/13/51 BOWEN NEWARK MO								
'S. A15ME(5)	23.	FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR 246. REGISTRAR'S SIGNATURE								
5M 9/55	L	ma . A. Bul-re Berlie and DATE 3/14/27 Hory telling								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 05702 Wilh 10 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived (f institution) Residence before admission) filed o. COUNTY o. STATE **b.** COUNTY MARYLAND Wicomico Maryland i comico b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 Yrs. Salisbury Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Merritt Mill Rd. YES NO Merritt Mill . = NAME OF Middle 4. DATE Last Yeor DECEASED (Type or print) JEROME ABBOTT ISEAR DEATH 19 57 S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Male WIDOWED [7] DIVORCED [ White comple popers. 64 Yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) South Carolina Ret. Salesman Dry Goods U.S.A. puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Isear Joseph Isear Tove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Pearl Isear, Same W.W.]W.W. 227**-**09-9044 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN
ONSET AND DEATH
FELV MINUTES PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HEROSLIEROTIC CORONARY ARTERY DREASE Conditions, if ony, which gove rise to immediate **DUE TO** codse (a), stating the under-LOSCLELOFIC CARDIO VASCULAR lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS ALTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour e.m. factory, street, office bldg., etc.) While Not while ol work of work 10/26, 1956, 10 21. I certify that I attended the deceased from..... ... 19.5.7. that I last saw the deceased and that death accurred at\_\_\_\_\_ M. from the causes and on the date stated above alive on ö ADDRESS (Street, city or fown, state) DATE SIGNED **ACTUAL** SIGNATURE 2II Maryland Ave DIR Id shou PHYSICIAN'S Burton, M.D. NAME (Type) FUNER 22b. DATE THEREOF 220 BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Methodist Cemetery Sharpyown, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) The Hill & Jahnson Co. Salisbury, Maryland 15M 9/SS normant. Balan



after death, After this

the registrar within 72 hours after death, After it by the funeral director, the third copy of

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

The bottom copy

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05699

#### CERTIFICATE OF DEATH

05703

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Wicomico	MARYLAND	STATE Maryla	nd COUNTY	Wicomico		
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Salisbury	LENGTH OF STAY (in this place)		ate limits, write RURAL and	give neerest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen.	Hospital	STREET 1 ADDRESS U. S. R	(If rural give I	ocation)		
3. NAME OF (First) (Type or Print) CHARLES	(Middle)	(test)	4. DATE (Month) OF DEATH MAY			
S. SEX 6. COLOR OR 7. SIN	GLE, MARRIED, DOWED, DIVORCED, CITY Married Mar-	OF BIRTH	7. AGE last birthday	FUNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foral)		12. CITIZEN OF WHAT		
Retired Farmer  13. FATHER'S NAME	Farming	R. D. Powellvi				
Jacob 6. Jones		Ellen Adki	lns			
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yas, no, or unk.) (If Yes, give was or dates of serv		Mr. Lee Jon Snow H	os (Son) R.D ill. Marylan	å.		
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH		The h	INTERVAL BETWEEN ONSET AND DEATH		
MMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO	- A Laker	y arreng	1 - Cororo	to lay		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Jevouary )	Utherosc	Ceroses			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	<u>g</u>					
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? YES NO		
216. ACCIDENT WAS UNDERLYING   216. PI OR CONTRIBUTING   CAUSE OF DEATH   OF INJU- (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, factory, URY straet, offica bldg., atc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)		
21d. TIME OF INJURY (Month) (Day) (Yaar) (F	M. et work At york	211. HOW DID DHURY OCCUR	?			
22. I hereby certify that I attended alive on 19 19 19 10 19	, and that death occurred a	11:134M, from the c	suses and on the dat RESS (Street, city, town,			
23. BURIAL, CREMATION DATE THEREO			Salisbury, Md	LICELY / - TOC		
Burial May 13	1957 Pittsville		Pittsville	Maryland		
DATE A 15 7 REGISTRAR'S	n Hackney	HOLLOWAY & CC	SIGNATURE	LISBURY MARYLAND		

BUREAU V. 1

UBI A MEID FINIL

tem 18 Film 21 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05700
CERTIFICATE OF DEATH  Reg. Dist. No.	332
1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived if institution Residence before a. STATE.	(dmission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CDY OR TOWN (If outside corporate limits, write RURAL and give next)	Ret town)
RURAL ond give negrest town)	en ioni,
d. NAME OF HOSPITAL (14 north haspital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	IS RESIDENCE ON A FARM?
E DE MINSULA TENERAL HOSPITAL 11xdd	YES NO 🔼
3 NAME OF First Middle Lost 4. DATE Month Day	Year
(Type or print)  That and a Color of RACE 7. Alarried Never Married 8. Date of Birth  9. AGE (In years AUNDER 1 YEAR)  Inst birthday) Months Days	19 0 / IF UNDER 24 HRS.
To a Divorced Divorce	Hours Min.
100 USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign dountry)  12. CITIZEN OF during life, evan if retired)	WHAT COUNTRY?
DE DE LA STANTING DE LA STANTING DE LA MOTHER'S MAINE DE LA MOTHER'S MAI	4
MALLE STELLES	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPORMANT	
Showles Deves (ruces	anul ma
ONSE	T AND DEATH
IMMEDIATE CAUSE (o)	DAYS
Conditions, if ony, which ) the PITHITABY TITMOB - PBOBABLE 6	MONTHS
gove rise to immediate out to Hypo-Glycemia & cerebral edema due to	7,7,7,4,4
ying couse last. (c) Atrophy of Pituitary Gland	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?  YES NO
200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  OR CONTRIBUTING [] CAUSE OF DEATH  OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory, street, office bidg., etc.)  While Not while of work of work of work	(State)
Hour o. m.    While Not while   Toctory, street, office blog., etc.)	
21. I certify that I attended the deceased from 4-22, 1957, to 5-1-, 1957, that I lost sa	
alive an Mean 1957, and that death occurred at 7, 48 M, from the causes and an the date	e stated above.  DATE SIGNED
SIGNATURE John M. Blosen TIT M.D. Solesbury Metylens Ma	3 1,185
PHYSICIAN'S JCHN M. BLOXON TE SALISBURY WARYLAND	
220. BLRIAL CREMATION 226. DATE THERROF 220. NAME OF CEMETER OF CE	(Stote)
VS A15 [4]  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  AD	flow
15M 9/115	7

UREAU V. &

DECEDAED.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT .. I. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admiss on) a. COUNTY Page files. Health, b. COUNTY Milcomi co MARYLAND Ti co. ino b CITY OR TOWN (If outside corporate limits, we a RURA) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs de carparate limits, write RURAL and a ve nearest town) and pive negrest towal 3 liabury Solisbur, ..... d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d for d. STREET ADDRESS ON A FARM? Pantingold Comment Hoge that retained YES NO Share death. Middle 4. DATE Month DECEASED OF DEATH (Type or print) Della 1500 Kelley 6. COLOR OR RACE / MARRIED | NEVER MARRIED | B DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HR lost birthday) March 19,1920 Hours WIDOWED | DIVORCED TO YES. 100. USUAL OCCUPATION (Give kind of work done 100, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) Page ! 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOBBEWITE Own Home Virginia UDA poges in Item 18. Give Pages 1 ce along with form PM3. ansit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Della May Lewis John H. Carr TS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address NO NO Della M. Watkins: Portsmouth. Va. 3B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTER AL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Stall Belo IMMEDIATE CAUSE (o) buriol-transit s Office DUE TO Canditions, if any, which gove rise to immediate cause pending in p **DUE TO** (a), stating the underlying ь couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Medical NO T 200. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (En er noture of noury in Port I or Port II of item 18.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, ICity or town) 20c. TIME OF INJURY Month, Day, Year (Stote) Not while factory, street, affice bldg., etc.) 4: Pp. m. White at work at work all to Roll 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Tr. Inquiry Br apinion death resulted from. Natural causes , Accident (), Suicide | , Hamicide | , Undetermined manner FORW DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE Should be FUNERAL ( ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Earl L. Rower, DEPUTY MEDICAL EXAMINER NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) 5701ive Branch Cem. Portsmouth, Virginia 40 ADDRESS RPC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Seaford, Delaware SM 2 57

BUREAU V. K.

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05706

INSTRUCTIONS

ATTENDING I

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VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05702

## CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEAS	ED
COUNTY WICONICO MARYLAND	STATE Maryland COUNTY	Wicomico
CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN  Salisbury	CITY (if outside corporate limits, write RURAL and give it OR / TOWN Salisbury	eerest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural give location	)
STREET ADDRESS Pen. Gen. Hospital	Delmar Road (Traile:	r Camp)
3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month)	(Day) (Year)
	AMPE DEATH MAY	7 th 19 57
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE ( RACE WIDOWED, DIVORCED,		ER 1 YEAR IF UNDER 24 HRS
	28. 1881 75 yrs. Months	Days Hours Min.
to USLAL OCCUPATION (Greekind of work done during most of working life, even if retired) Retired Chicken Grower (Poulty)	11. BIRTHPLACE (State or foreign country)  Kansas City Mo.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert C. Lampe	Louise Kemshulte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service)	Mr. Robert C. Lampe (Son) Sta	unford Conn.
No No	# 9 Meadow Park South	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH?	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
( propres	Hemirrhage_	11 1
IMMEDIATE CAUSE (A)		Tangs
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	apterioschous	
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Co	unty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While While et work Athense	21. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Lan.	- 1957, 101/Kin 7, 1957, that	I fast same the decrees
alive on from 17, 195 7 and that death occurred a	16:05 M, Mom the causes and on the date sta	
Waved Leturn M.D. M.	ADDRESS (Street, city, town, state) ledical Conter, Salisbury, Md.	May 9 195
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR		
REMOVAL (SPECIFY)	morial Park Salisbury, Ma	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
MANY 1 (1957 /// // 7/10)	HOLLOWAY & COMPANY - SALIS	SBURY MARYLAND

RECEIVED

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BUREAU V. S.



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MSTRUCTIONS

TO ATTENDING 9 The bottom copy

perifficate be executed within

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05704

## CERTIFICATE OF DEATH

05708

Reg. Dist. No. 352

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicoldica MARYLAND	STATE Maryland COUNTY Wicom	ico
CITY (If outside corporate limits, write RURAL CR end give neerest fown) TOWN  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this plece)	CITY (If outside corporate limits, write RURAL and give necres) tow OR TOWN Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Pen. Gen. Hospital	/ STREET (if rural give location) ADDRESS 124 Delmar Rd (Salisbury B	lvd.)
3. NAME OF (First) (Middle) DECRASED (Type or Print) GEORGE ELMER MADD	4. DATE (Month) (Day) OF DEATH MAY 1	(Year) 9th 19 57
S. SEX 6 COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married Sept.	6th. 1900 56 yrs. FUNDER 1 YEAR	
done during most of working life, even it  retired) Mechantic Auto Sales Garage	COI	ZEN OF WHAT
13. FATHER'S NAME  George M. Haddax	14. MOTHER'S MAIDEN NAME Olévia Campbell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give war or detas of service)	Mrs. Gertrude E. Maddar (Wife Road - Salisbury, Maryland	)124 Delma
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	TERVAL BETWEEN NSET AND DEATH
100. O IMMEDIATE CAUSE (A) CLIS TY COO!	lusion	7
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OC. (C)	roic rt disease.	re
LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH		
199. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21e ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	ETC. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
M. et work et work	211. HOW DID INJURY OCCUR?	
	8:27P.M. from the causes and on the date stated about ADDRESS (Street, city, town, state)  Lical Center - Salisbury, Maryland	DATE SIGNED
Burial May 23, 1957 Name of Cemetery or May 23, 1957		(State)
DATE 5/23/1-7 NIACI HELICIAN AND	25. FUNERAL DIRECTOR'S SIGNATURE  HOLLOWAY & COMPANY - SALISBURY	

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THE CENT 1957

BUREAU V. S.

			MARYL	AND STA	TE DEPART	MENT	OF HEALT	H-BAL	TIMORE, 1	8	705	)
		<u>.</u>	057	109	CERTIFIC	ATE	OF DEAT	TH		Reg. Dist.	No.	337
3	) T.	PLACE OF DEATH	Wicomico		MARYLAND	2. U	SUAL RESIDENCE (N. STATEMARY)	Where deceased nd	d lived If instituti b. COUNTY	on: Residence Baltim	before ode	nission)
		b CITY OR TOWN RURAL and give i Saliahu	(If outside corporate limit neorest town) ry, Maryland		gth of stay in 16	11	CITY OR TOWN (III		rote limits, write R		e nearest to	own)
91		d NAME OF HOSP	ITAL (If not in hospital, pr	ve street address)		d	3230 W	lestmour	nt Avenue	· · ·	10	PESIDENCE N A FARM?
	3.	NAME OF DECEASED (Type or print)	William Fin	1	Middle ernard	1	losi Martin	4. DATE OF DEATH	Mon Ma		Day	Year 19 57
	S.	sex Male	6 COLOR OR RACE White	7 SMARRIED NO.	NEWER MARRIED	B. DAT	ept. 6, 18		9 AGE (In years last birthday)	IF UNDER 1 Y	YEAR IF UN	NDER 24 HRS.
- Indiana	10	2. USUAL OCCUPATE during most of wo None	ON (Give kind of work di rking life, even if retired)		_			te or foreign co		12. CITIZI	USA	IAT COUNTRY
Ti	13.	FATHER'S NAME		1		14	MOTHER'S MAIDEN				UDA	
	L	Michael					Pauli	ne Vick				
	174	was deceased ev	ER IN U. S. ARMED FORCE (If yet, give wor or dates of se	(ES? 16. SOCIAL	SECURITY NO. 17.	INFORM		ital Re	cords	ress		
			ATH Enter only one cou		), (b), and (c),]						INTERVAL ONSET AT	BETWEEN ND DEATH
		420.1	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Coron	ary Occlus	sion						
		Conditions, if	DUE TO	Arter	ioscl CVD							?
		gave rise to couse (o), stating lying couse last.	the <u>under-</u> DUE TO	Arter	ioscl Gen.						-	?
0	FICATION	PART II. OI	HER SIGNIFICANT COND			IT NOT R	ELATED TO THE TER	MINAL DISEASI	CONDITION GIV	EN IN PART I	(a) 19. WA	S AUTOPSY FORMED?
		20a. ACCIDENT W		brain s	YTICLTOMO  OW INJURY OCCURR	ED (Fold	M nature of injury is	n Port 1 or Port	II of item 18.)		YES	I ON I
	CERT	OR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER]									
	MEDICAL	20c. TIME OF INJU Hour a. ji. p. m.	RY Manth, Day, Year 19		it white	CLACE OF	F INJURY (Home, for treet, office bldg , e	rm, 20f. (City	or lown)	(Cou	nty)	(State)
			hat I attended the			7,	19 <u>51</u> , to 1	May 4	, 19.57	_,that I las	it saw th	e, decease
		alive on May	-4-1	., 12_57	, and that deat	h occu	rred at 1:10		the causes a			pted above.
1		ACTUAL SIGNATURE	No. M	aldu	e,	_M.D			ry, Mery			14/57
F		PHYSICIAN'S NAME (Type)	L.V. Maldve	e, M.D.								
	22	BURIAL, CREMATIC REMOVAL ESpecify Burial	5-8-57		reland Me				ion (City, town, o	or county)	(5)	lote}
	23.	FUNERAL DIRECTOR			DRESS	TOI I		C'D BY REGISTI		TRAR'S SIGN	ATURE /	
>	2	m. Coo	Kinc.	12/31	t. Paul	. 85	PATE	(71	357Ma	wol.	Stoll	loway
v			4		6 - 5					71		-//

BUREAU V. S.

DECEIVED TANK

TO FUNERAL DIR TOR: The law requires that the death certificate be filed with the certificate has been executed by the altending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

**LICIAN OR HOSPITAL:** The law requires that the dead be retained by the hospital or attending physician.

TO ATTENDING I

NST I UCT IONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05708

05710

# CERTIFICATE OF DEATH

Reg. Dist. No. 322

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED								
	COUNTY WICODICO MARYLAND	STATE Maryland COUNTY Vicomico								
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN  CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits, write RURAL and give nasrest town) OR TOWN Salisbury								
1/1	HOSPITAL OR INSTITUTION OR STREET ADDRESS RIVERSIDE Nursing Hone	STREET (If rurel give location)  RoDo- (Delmar Rd)								
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yaer)								
į	(Type or Print) ISAAC LEWIS MI	ERRITT DEATH MAY 19 th 19 57								
	5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, Specify) Widowed November 1. Single, Married, Widowed November 1. Single, Married, Widowed November 1. Specify) Widowed November 1. Specify Widowed Novembe	of BIRTH  9. AGE lest birthdey   If UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   M.n.								
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT								
1	done during most of working life, even if retired Retired Farmer  Fermine	COUNTRY?								
1	13. FATHER'S NAME	Green Run, Md (Worchester Co.) USA								
	Isaac Merritt	Sura Collins								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS								
ì	(Yes, no, or unk.) (If Yes, give wer or detes of service)	Mr. Isaac L. Merritt(Son) 315 Randolph Ave. Cape Charles, Virginia								
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH /	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH								
	. IMMEDIATE CAUSE (A) CITATION CONTRACTOR	10 Ti. Condervoorulan Die 2.41								
	ANTECEDENT CAUSE(S) DUE TO									
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO									
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?								
`		YES NO T								
	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)								
	2Id. TIME OF INJURY (Month) (Day) (Yerr) (Hour) 21e. INJURY OCCURRED While Not while at work at work	211. HOW DID INJURY OCCUR?								
	22 I havely continue that I attended the decreed from William	, 1956, to 5/18, 19.3/ that I last saw the deceased								
1	Thereby colors and I allerded the deceased from the life of the deceased from the de	19.054.								
4	alive on									
9	75 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DATE SIGNED								
-55	23. BURIAL CREMATION, I DATE THEREOF I NAME OF CEMETERY OF	Division St. Salisbury, Maryland May & /57								
A15C 1-55 10M	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OF REMOVAL (SPECIFY)	R CREMATORY LOCAT ON (City, town, or county) (Stete)								
	Burial May 22,1957 Wicomico N	Salisbury, Maryland								
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
	DATE 2/3/27 Miary Hatchman	HOLLOWAY & COMPANY - SALISBURY MARYLAND								

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	I tems 18821 Film 210.5 717
FOR STATE	05743 TELL 2 12 5-21-57 et Reg. Dist No. 332
HEALTH DEPT,	PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
20 E N	o COUNTY
ole Se	b. CITY OR TOWN (It outside corporate In it) write RURAL (c. LENGTH OF STAY N ID) CITY OR TOWN (If outside corporate In it) write RURAL and give negretal town)
G	b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown)  c. LENGTH OF STAY N 1b
drectsory pleas drector. Peas for your files.	Rural Salisbury Salisbury Salisbury
for	d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)
S of the second	Deer Head State most tal
Fun Sta Geo	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED
Par and	(Type or print) George Wilber Giller DEATH 5 19 57
of to the safe safe safe safe safe safe safe saf	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE IN years IFUNDER IVEAR IF UNDER 24 HS
2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	W WIDOWED   2-23-16
ge of	100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
P. 20 0 0	Cook State Hospital New York U.S. A.
Twiting of	13. FATHER'S NAME
hour m P	Adolph liller Lintilda Smith
File	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no. or unknown] [ (If yes, give war or dates of service)
ig ig ig	Yes WW11 Adolph Willer, Ill Berthoud St. Park Ridge, he
M P E E	18 CAUSE OF DEATH [Enter only one cause per 1 ne for (a), (b), and (c) ] [INIENAL REIVE] CINSTANO DIA 4
d d d d d d d d d d d d d d d d d d d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Barbiturate poisoning  Hours
000	970.7. DUE TO
Series Se	Conditions, if any, which) (b)
d b	gove rise to immediate couse (a), stating the underlying DUE TO
a F	couse lost. (c)
ing ing	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?
Send Send Send Send Send Send Send Send	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(u) 19, WAS AUTOPSY PERFORMED?  YES Y NO
die v	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OC CURRED (Enter noture of injury in Port 1 or Part II of item 18)
N N N	
E SE SE	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c, PLACE OF INJURY (Home, farm, 120f (City or town) (Caunty) (State)
2000	Hour s. m. While Not while factory, street, office bldg., etc.)  p. m. 19 of work at work
Poge th	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
X	opinion death resulted from Notural causes . Accident . Suicide X, Homicide . Undetermined monner
7 0 5 5	
rentino forwar forwar forwar forwar forwar forwar forwar forwar	ACTUAL SIGNATURE DATE SIGNED
Y MEDIC be forw be forw signoted	ASSISTANT MEDICAL EXAMINER
5- "O DE (U	Examiner's NAME (Type) Earl L. Royor, N.D. DEPUTY MED CAL EXAMINER 5-15-7
<u> </u>	220 BURIAL CREMATION 22b. DATE THEREOF [22c NAME OF CEMETERY OR CREMATORY [22d LOCATION (City, town or county)] [State]
o see	Buriativ 5/17/1957 Vicomico Memorial Park Salisbury, aryland
77	28 JONERA D RECTOR'S SYNATURE ADDRESS 240 REGISTRAR 246 REGISTRAR'S SIGNATURE
VS. ATSME SM 2/S7	DATE 1/51/57 TO VALLE WALLE
Dir. 2. 07	The string of th

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
05744	CERTIFICATE	OF DEATH	_

**CERTIFICATE OF DEATH** 

05708

	( 0 0 2 2				Re	eg. Dist. No.	- //				
1	PLACE OF DEATH a. COUNTY		2 USUAL RESIDE	NCE (Where deceased		Residence before	odmission)				
	Wicomico	MARYLAND		Maryland	b. COUNTY	Wicon	nico				
ĺ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If autside carpora	ite limits, write RURA						
	Hebron	Lifetime	X A H	ebron							
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADD	RESS		в.	IS RESIDENCE				
			/ Cor.	Main & W	Valnut		YES NO				
	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year				
	(Type or print) Clifton	R. A	Mitchell	DEATH	May	27	19 57				
	SEX 6. COLOR OR RACE 7. MARS	NEVER MARRIED	8 DATE OF BIRTH	157 - 19	AGE (In years IF)	UNDER 1 YEAR II					
	Male White WIDOW		3-28	-1897	60 yrs	opths Doys	Hours Min.				
0	d USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLAC	E (State ar fareign cov	intry)	12. CITIZEN OF	WHAT COUNT				
		rocery Store	Ma	ryland		U.S.					
3	FATHER'S NAME		14. MOTHER'S M								
	George W. Mitche	11	Le	ona Dashi	ell						
SY	WAS DEGEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 M	NFORMANT		Address						
	IVO -		Grace M	itchell.	Hebron.	Maryla	nd				
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	7			INTER	VAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	Unitine,	1770 150	CONVA	50	ONSE	TAND DEATH				
	DUE TO										
	Conditions, if any, which }		,								
	gove rise to immediate										
	lying couse lost.										
Z		CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY				
LA.						,	PERFORMED? YES NO П				
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRED	D. (Enter nature of in	njury in Part I or Part I	I of item 18.)	- 1	بي - ب				
CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d II	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Ho	me, form, 20f. (City o	er town)	(County)	(State)				
MED	How a. j., p. m, 19 White of war	Not while for	ctory, street, affice b	dg., etc.)							
	21. I certify that I attended the deceas		3.17 201.73	1-12 0 3	1063		.1 .				
	alive on		tik	to fall 12		nat I last sow					
	unive unit and a large part of the large part of	L, and that death	accurred at	Anness is	the causes and let, city or town, state	an the date	stated above DATE SIGN				
	ACTUAL SIGNATURE William &	runill		Hola	1-11-77	1) -	This is				
	SIGNATURE	11/000	M.D		27.5.17		199				
	PHYSICIAN'S NAME (Type) William Emer	ich	Lag	ebron. Ma	ryland	5/	28/57				
2	G. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF			ON (City, town, or co						
	Burial 5/29/57		eterv			_	(State)				
3	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		4a. REC'D BY REGISTRA		R'S SIGNATURE					
1	I. I Messell 31	valve. Maryl		AHING 1	Q\$7 1/		}				
	3 21	- CLALTO & ANGLE & A	CCALCA D		311///	1 11 1	FR. F S 4				

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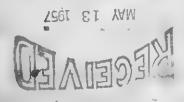
		MARY	LAND ST	ATE DEPART	MENT O	F HEALT	H-BALTI	MORE, I	8	or Had
M			711	CERTIFIC	ATE O	F DEAT	Н		Reg. Dist. No	15709
	D. COUNTY	TH Wicomico		MARYLAN	II A STAT	RESIDENCE (M TE Maryls	Where deceased liv	ed. If institution b COUNTY	Micomic	
	RURAL ond	WN (If outside corporate lim give negrest town) Listury	ils, write c. (	LENGTH OF STAY IN 11	. ,		outside carporate	limits, write RL		
2	d NAME OF P OR INST TU	OSPITAL (If not in hospitol, ITON)			d STR	EET ADDRESS	illa St.			e IS RESIDENCE ON A FARM? YES NO
Ī	NAME OF DECEASED		rst	Middle	JI 200	Lost	4. DATE OF	Ment	h D	Day Year
	(Type or print)	Louisa	1	Grace		chell	DEATH	5	20	19 57
- 1	5. SEX	6. COLOR OR RACE		NEVER MARRIED			9 /	ost birthdoy)	Months Days	R IF UNDER 24 HRS
	k'	IPATION (Give kind of work	WIDOWED [			L=1875		£2 ym.	in citizen	OF MALE TOO IN THE
- 7	during most d	t working life, even it retired	)		ZUSIKI IT. BII			(3)		OF WHAT COUNTE
, ' l	3. FATHER'S NAM			Home	14 MOT	HER'S MAIDEN	ore, lide		U.	S. A.
1	_	ert James Ben	10 OM							
	S WAS DECEASE	DEVER IN U. S. ARMED FO	CEST 16. SOC	IAL SECURITY NO. 117	INFORMANT		Brownley	Addr	011	
4 1	(Yes no or uninown)	(If yes, give wor or dates of	service)		Irs. Al	bert C.	.i tchel		riscill'	~ St. (So
F		F DEATH   Enter only one o	ouse per line fo	r (o), (b), and (c),]		5-1	inbunga	*****	LINI	TERVAL RETWEEN
		L DEATH WAS CAUSED BY	•							TERVAL BETWEEN ISET AND DEATH Weelcs
	60	IMMEDIATE CAUSE (		omia						N C CIVS
		Harry Shirt Y		ronic rvelo	na haid	4 -				lonths
	gove rise	to immediate (	,	ronte il ette	I I I I I I I I I I I I I I I I I I I	4.3				11.11.0110
	lying couse	oring the onder-	c)							
	PART I	. OTHER SIGNIFICANT CON	DITIONS CONT	TRIBUTING TO DEATH E	UT NOT RELAT	ED TO THE TERA	NINAL DISEASE CO	NDITION GIVE	EN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
	PART I	Arterio-	scleros	ie						YES NO
	\( \begin{align*} \text{ \text{\te}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\t	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUP	RED. (Enter not	ture of injury in	Part I ar Port II o	of item 18.)		
	Hour I		ar 20d. INJUR While ot work	Not while	PLACE OF INJ factory, street,	URY (Home, for office bldg., et	m, 20f. (City or t	lown)	(County)	) (Stote
	21. I certi	fy that I attended the	deceased f	rom	19	56. to 5	-20-57	19	that I last s	aw the deceas
	olive on	5-20-57		, ond that dec						
		0.	0				ADDRESS (Street)			DATE SIGN
1	SIGNATURE	1 -	- / -	12	M.D.,	407	Carl	2 19		5-20-
	PHYSICIAN'S NAME (Type)	Earl L.	Rover,	5		Sil	we_	1	_\	
	REMOVAL (S	MAT.ON, 22b. DATE THERE		oulon Firk			27d. LOCATION	(City, town, o		(Stote)
[2		CTOR'S SIGNATURE		ADDRESS		24a. REC	D BY REGISTRAR		TRAR'S SIGNATU	JRE , ,
	HOLLOWA	& COMPANY .	- SALI:	SBURY MARYI	AND	DATE _	1/23/07	ilias	11 ) 4	Elaware
_							/ /	,	7	7

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05710
		05712 CERTIFICATE OF DEATH Reg. Di	るカタ
M director	1. [	PLACE OF DEATH  b. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institutions Resident o. STATE  Maryland  Maryland	Wicomico
44	-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and RURAL and give peacest town)	give nearest town)
ours offer death	S	d NAME OF HOSPITAL IP of in haspital, give street address) OR INSTITUTION  OR INSTITUTION	e. IS RESIDENCE ON A FARM?
in by	1	eninsula timent Haspital 211 Lloyd St.	YES NOT
z :- °		NAME OF First Middle Lost OF Month OF OF DEATH May	26 1957
Po .	5. 5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years lost birthday)  Months  86. VIDOWED D DIVORCED D 9-27-1870	1 YEAR IF UNDER 24 HRS DOX Hours Min.
Com com	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of working life, even if retired)	IZEN OF WHAT COUNTRY?
Corbon and	13.	FATHER'S NAME  Oystering  Maryland  Un  FATHER'S MAIDEN NAME	Tred DOGLES
physician imave carl haurs after		Nicholas Moore  Was Deceased Ever In U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. INFORMANT  Address	
	(Yes	s, no or unknown)   (If yes, give wor or dates of service)	t. Salisbur
he death ce attending en please re at within 72		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Direction  ST sculle according to	INTERVAL BETWEENING .
s that it d by the air. The		Canditions, if any, which by the same state of t	
signe signe sit per nd in		cottse (o), stoling the <u>under-</u> lying cause last. (c)	
physicio as been ial-trans aval, a	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO W
AN: Thendang Scate he bur ar rem	CERTIFI	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of item 10.]	
PHYSICI or oth his cert' use as emation,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. m. While Not while at work of other of the oth	County) (State)
Hospite After the for the formal for the formal for the formal fo		21. I certify that I attended the deceased from 9 , 1955, to 5 / 2 left, 1957, that I alive an 1957, and that death accurred at 1950 M, from the causes and an t	last saw the deceased
ATTEN FOOT IN		ACTUAL SIGNATURE M.D. M.D.	DATE SIGNED
TAL OR A retained by AL DIRECT hauld be a rear prior to		BUYENFAMILE	5/26/57
MOSPITAL may be retail FUNERAL poge 3 shau the registror	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county)	(State)
o o o o o o o o o o o o o o o o o o o	23.	EUTRAL DIRECTOR'S SIGNATURE  ADDRESS  Bivalve Cem.  Bivalve Maryl  240. REC'D BY REGISTRAR 24b REGISTRAR'S SI	
VS A15 (4) 15M 9/55		J. N Doces Bivalve, Maryland of ING 1957 / Sayer	V. rolingo

CSST 9 NO



BUREAU V. S.

#### Item 18 Film 216 CAN STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission b. COUNTY Vicamico Wicomico MARYLAND b. CITY OR TOWN (It outs do corporale limits we le £ ,£A, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Pollitts Lane YES NO TO Pollitts Lune First 4. DATE Middle Month Yess Thomas DEATH Parsons 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 1 8. PASSONES RTH 9 AGE (In year) IF UNDER TYEAR IF UNDER 24 HR fost birthday] Months WIDOWED | DIVORCED [ YII. 100. JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mimber cutter Georgia USA 14. MOTHER'S MAIDEN NAME Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Il yes, give wor or dates of service) Honorable discharge to 41 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERNAL BELIALO PART I DEATH WAS CAUSED BY: Coronary occlusion Sulien IMMEDIATE CAUSE (o) DUE TO Chronic alcoholism Conditions, if any, which Years gove rise to immediate cause DUE TO (o), stating the underlying

PART 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year ZOG INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (Stote) factory, street, office bldg., etc.) Not while at work at work

21. I certify that I look charge of the remains described above, held an Autopsy , Inspection , Inquiry ... opinion death resulted from Natural causes . Accident .

Suicide . Homicide . Undetermined monner DATE SIGNED

ond in my

(State)

ACTUAL SIGNATUR **EXAMINER'S** 

Earl L. Royer,

Stavert Funeral House, Salisbury, Maryland DATE

CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER TY

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

220. BUR AL CREMATION 276. DATE THEREOF REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

Calvary Cometery ADDRESS

Fruitland, Md 24a REC D BY REG STRAR

246\_REG STRAR'S SIGNATURE

VS A15ME

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			MARYL	AND S	TATE DEPA	ARTM	ENT OF HE	ALTH-BA	LTIMORE, 1	8		
			057	15	CERT	IFICA	TE OF DE	EATH	•	Reg. Dist.	()57 No.	13
M		PLACE OF DEATH	Leomico		MAR	YLAND	O. SIAIL	NCE (Where decear	sed lived If institute b. COUNTY		before admi	
		RURAL and give r Sali: but		s, write c	LENGTH OF STAT				porate limits, write R			
	1	d. NAME OF HOSPI	TAL (If not in haspital, gi		3 years	5	d STREET ADE			. ** - *	e IS RI	ESIDENCE A FARM?
	3	iverside	Rursing Fin		Middle	<u> </u>	Lost	4. DATE		th	YES [	Yeor Yeor
		Type or print)	EDN	13	F.		POL	K. DEAT	н Маз	7	20	1957
	F	emule	White	WIDOWED	<b>W.</b>	ED 🔲 (	oct. 25.	1871	9. AGE (In years lost birthday)	Months Do	TEAR IF UNI	
1		anting most of wor	ON (Give kind of work di rking life, even if retired)	one 10b. Kir	ND OF BUSINESS	OR INDUS		_	country)		EN OF WHA	T COUNTRY
1		<u>CUSEWIFE</u> FATHER'S NAME					14 MOTHER'S M	AIDEN NAME	<del></del>	J US	iA	
	_		A. Frazie		CIAL SECURITY NO	2 12 16	unkn	own				
.3	(Ye	no. or unknown]	(If yes, give wor or dotes of se		none		_	Walters	Addr Pocomo		+ 5 1	V.A
	7	PART 1. DE	immediate DUE TO	de	g laur	tu	u hea	e the	^Ollse-		INTERVAL E	O DEATH
	FICATION		HER SIGNIFICANT COND							EN IN PART 1	PERF	AUTOPSY ORMED?
	L CERTIFE	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	tob. Desckii	BE HOVE INJUST C	CCORRED	. (Enter noture of in	njury in Port i or Po	orr II or item 18.)			
	MEDICAL	20c. TIME OF INJUI Howr a. js, p. m.	RY Month, Doy, Year 19	While	Not while of work	20e. PLA foci	CE OF INJURY (Hor lary, street, office bi	me, farm, 20f. (Ci	ly or lawn)	(Cou	nty)	(Stote)
/		21. I certify the alive on	and I attended the STIF	deceased , 185		death	occurred at 9	10.5/20 M, fro 1. Aportess ( D. //////	om the causes a Street, city of Journ.		date stat	
		PHYSICIAN'S NAME (Type)	E. M. Bea	ardsl	ev		12-1				/ /	
	]	REMOVAL (Specify	5-28-57		Presbyte		n Cameta	ery Po	COMORE C	ity.	(Sie Lary]	
4	7	ENST	HWat	an	Aporess Tocas	200	G. MA	io. Rec'd by regis ate 4 / 25/	STRAR 24b. REGIS	TRAR'S SIGNA	ATURE :	Seel
¥								1		/		10



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05716 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY filed g. STATE b. COUNTY MARYLAND Lorrestor maryL b CITY OR TOWN (If outside corporate limits, write c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO EMINIEWY 4. DATE OF DEATH NAME OF Lost Month Day Yeor DECEASED (Type or print) 190 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE AGE (In years lost birthday) Months Days Hours NITE WIDOWED [ DIVORCED T YES popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE IStole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) pan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME COL ar 01 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** casse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CO 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE MOSK INJURY OCCURRED. [Enter nature of injury in Part 1 or Port II of item 18.] 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. Lithat I last saw the deceased 197 M, fram the causes and an the date stated above. alive an\_ ... and that death\_occurred at. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE p PHYSICIAN'S NAME (Type) BORIA. CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State poge 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 15M 9/55

DECEIVED

BUREAU V. E.



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1	_									440 84 04 (31)	1 1701	0
/		PLACE OF DEATH	comico		MARYLAN	- 11	USUAL RESIDENCE (Who state Maryl		lived. If institution b. COUNTY		before adm	
			f outside corporate limi	ls, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o		te limits, write RI			
		Salisbur			6 months		Hagersto	142	1			
	_		'AL (If nat in hospital, g	ive street			d. STREET ADDRESS N	dress	e. IS RESIDENCE			
		The same of the sa	Head State	Host	oital		Washingis	h/Zanh	1 500	ion code		A FARM?
	3.	NAME OF DECEASED	Fir	st	Midd!e		Last	4. DATE	Mon	th	Day	Yeor
		(Type or print)	Harry		Richmond	l	Powell	DEATH	May	•	5	1957
	5. :	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		TE OF BIRTH		AGE (in years	Months D	YEAR IF UN	
	_	Male	White	WIDOW			Aug. 30, 18		lost birthday) O'yrs.			
ı	10a	<ul> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ul>	ON (Give kind of work a king life, even if retired)	done 10b.	KIND OF BUSINESS OR IT	<b>IDUSTRY</b>		_	intry)			IAT COUNTRY
I					-		West Vi			US	SA	
	13.	FATHER'S NAME	D D 33			14	. MOTHER'S MAIDEN N					
			R. Powell	erco lo			Pamile					
			R IN U, S. ARMED FOR (If yes, give wer or dates of a	HUNION)	SOCIAL SECURITY NO. 1227 09 9782A	Ho	mani <b>Mr. Marry</b> spital Reco	rds	inger ca	own, M	est Dr arylar	id.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: Generalized carcinomatosis										-	ni Curiti
	150X DUE TO											_
	Conditions, if ony, which ) Ca. of esophagus											
		gove rise to immediate case (a), stating the under-										
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY										
)	CERTIFICATION			DITIONS	CONTRIBUTING TO DEATH		RELATED TO THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PART	PER	FORMED?
		29a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING DEATH MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCCU	JRRED. (E	iter noture of injury in F	ort I or Port I	t of item 18.)			
	MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes			PLACE	OF INJURY (Hame, farm street, office bldg., etc.	20f. (City o	or town}	{Co-	unty)	(State)
	MED	Hour o.m., p.m.	19	White of wor		Tuciony	sites, office slog., etc.	1				
		21. I certify that I attended the deceased from Oct. 31 , 1956, to May 6 , 1957 that I last saw the deceased										
			lay 6	12.		ath oc	orred at 1:15	PM, from				
			11. 1	,	, /				et, city or town,			DATE SIGNE
1		ACTUAL SIGNATURE	Val. W	hay	ilu,	M.D.	Deer's He	ad Sta	te Hospi	tal	5/	6/57
		PHYSICIAN'S NAME (Type) I	. V. Maldv	e, M.	. D.		Salisbury	, Mary	land			
	220	BURIAL CREMATIO		F	22c. NAME OF CEMETER	Y OR CR	MATORY	22d. LOCATIO	DN (City, town, o	or County)	(5	tote)
		BUT ISL	May. 8, 19	57	Wicomico M	emor	lal Park		sbury. M		ıd.	
		FUNERAL DIRECTOR			ADDRESS			BY REGISTR		TRAR'S SIGN	ATORE	
	H	LLOWAY &	COMPANY FUN	IERAL	HOME - JALI	SBUR	Y MD MANY 1	(i 19)	3/1/1/1	and the	1 /	12

TO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be checked for use as the burial-transit permit. Then please remove carbon pages. Tages 1 and 2 should be caused by the captured pages 1 and 2 should be captured by the capture of the captured pages 1. VS A1S (4) 1SM 9/SS

funeral director,



TGGI OI YAN



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 13.11 F CERTIFICATE OF DEATH 05718 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporale fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lignits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 200 YES NO T puo E 3. NAME OF Middle 4 DATE Last Day Year DECEASED OF DEATH 195 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BRETH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS Months aplesco Hours Min WIDOWED [ DIVORCED [ papers. yrs compl 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 17 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) armer gud pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cor physician 듄 certificate Unknown Unknown move 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address gr. 18. CAUSE OF DEATH [Enter only one couse pes-line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY: **DUE TO** á Conditions, if ony, which any gned gove rise to immediate per l DUE TO coese (a), stating the undereen sig lying couse last. burial-transit (c) physician CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Port II of item 18.) certificate 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) Hour o. m. While Not while ot work of work 21. I certify that I attended the deceased from .....that I last saw the deceased and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) **DATE SIGNED** DIRECT ď SIGNATURE ğ т PHYSICIAN'S NAME (Type) may be c 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 27d. LOCATION, (City, 194n, or county, (Stote) page REMOVAL YSpecify 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) DATE 15M 9/55

BUREAU V. E.

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BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SUREAU V. K.

DECEDAED

1			MARYL	AND STAT	E DEPARTM	ENT OF HEALTH	I-BALTIMORE, I	8 n57	2.0
10	1		05	720	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 3	32
Page 4	")	1. (	PLACE OF PEATH COUNTY WIGOMICO		юптон	o. STATE	ere deceased lived. If institution b. COUNTY		
eral of fil			p. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	, write c. LENG	TH OF STAY IN 16	c. CITY OF TOWN (IF a	utside corporate limits, write RU	RAL and give nearest t	own)
P E			Salisbury		Q.A.	Salisbur	y lal		
by she	91 -		NAME OF HOSPITAL (If not in hospital, gi or INSTITUTION Peninsula Genera	ve street address)	al	d. STREET ADDRESS  Ocean Ci	ty Rd.,		RESIDENCE N A FARM? NO TO
24 hour ifted in b			NAME OF Fire DECEASED Type or print) SPYROS	PAI	Middle UL S	ARBANES	4. DATE Month of DEATH 5	15 <sup>Dgy</sup>	Yeor 7
ithin Ily fi		5. 9	6. COLOR OR RACE	7. MARRIED PN	EVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last, b rihday) 044	IF UNDER 1 YEAR IF U	
d w			Male White	WIDOWED [	DIVORCED [	Aug.13,1892	64 yrs	Months Days Ho	urs Min
comple papers	- 2	ļ	. USUAL OCCUPATION (Give kind af work d during most af working life, even if retired)	one 10b. KIND OF			or fareign cauntry)	12. CITIZEN OF WI	AT COUNTRY?
e be ex carbon offer de	I		wner Resturant FATHER'S NAME		Food	14. MOTHER'S MAIDEN N	IAME	U.S.A.	
physician move car haurs aft			Paul Sarbanes			Unknow			
g physici remove 72 hours		IS.	WAS DECEASED EVER IN U. S. ARMED FORCE		ECURITY NO. 17.	NFORMANT	Addre	355	
9 B 2 C	1		les W.W. I	213-22	-6578 Mr	s. S.P. Sarban	es, Same		
deoth Hendin pleose within			18. CAUSE OF DEATH [Enter only one con	ne per line forafa),	(b), and (c).]	Q	ф»	INTERVAL ONSET A	BETWEEN
en p			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Con	64-0-	occlus	~~~	Jane	den
y th			HdO, 1 DUE TO	Q. V	*	\$ <		140	
es the			Canditions, if any, which (b)		and b	cremen		- X	-
requir an. signe sit per ind in			couse (a), stating the under- lying cause last. (c)						
fow ysici beer tran	5	CERTIFICATION	PART II. OTHER SIGNIFICANT CON	NTIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19 W.	AS AUTOPSY REOPMED?
The g ph has urial	0	Ş	20- ACCIDENT WAS UNDERWAND D	OOL DESCRIBE HOU	W INTERNATION	CEnter nature of injury in P	hand I are Book III of them ABA	YES	□ NO □
tandin ficate the b			200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TOO. DESCRIBE NO	H HOOK! OCCURRE	Conter notice of injury in r	and the form of ment real		
HYSIC I ar at its cert use as mation		MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour a. m. p. m,	While Not	CURRED 20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f (City or lown)	(County)	(State)
For the rest			21. I certify that I attended the	deceased from	luk-	1950, 10	5-15 157	,that I last saw ti	he decented
Afriched Ched			alive on 5-17	. 1957	A	occurred at	_M, fram the causes a		
E TO			8 01	P			ADDRESS (Street, city or town, a	tate)	DATE SIGNED
OR A pined by DIRECT Id bet prior	1		SIGNATURE	- 100	<u>~~</u>	M.O. Salisbury,	Maryland	5/14/.	1957
	*		PHYSICIAN'S Earl L. Roye	r 407 C	) amden Ave.	, Salisbury,	Maryland		
DSP JNE Pegie		220	BUR AL, CREMATION, 22b. DATE THEREO	22c. NA	ME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	county) (	State)
TO HOSPITAL  may be reta  TO FUNERAL  page 3 shau  the registrar			Burial   5/18/57		omico Memo		Salisbury, Ma		
-			FUNERAL DIRECTOR'S SIGNATURE		ORESS	100	BY REGISTRAR 246 REGIST	TRAR'S SIGNATURE	Morra
VS A1S (4) 15M 9/S5	*	T'	he Hill & Johnson Co.			ind   DATE 2	1101 ymar	HW. 14CE	corray
			norman T	: Bake	-				V

BUREAU V. K.



BUREAU V. S.

7661 8S YAM.

BECENTED

1			MARYLAI 0572			ENT OF HEALTH	I-BALTIMORE, 1	Rea. Dist.	057	22
director,	1.	PLACE OF DEATH	Wicomico	M	ARYLAND	2. USUAL RESIDENCE (Who, STATE Marvla	ere deceased lived. If institution b. COUNTY	ion Residence I		ssion)
uneral		RURAL and give n	If outside corporate limits, we earest town)	c. LENGTH OF S		c. CITY OR TOWN (IF o	utside corporate limits, write R	URAL and give		vn)
by the d 2 show		d. NAME OF HOSPI OR INSTITUTION Deer's	TAL (If not in hospital, give so Head State H	ospital		d. STREET ADDRESS	Beckford Ave.	1	ON	SIDENCE A FARMY
illed in b		NAME OF DECEASED (Type or print)	First Agnes		ddle S	iegfried	4. DATE Mor OF May		Doy I,	Yeor 57
rs. Pag		Female		DOWED . DIVO	RCED 🗌	Dec. 28, 18		Months Do		
and campl bar papers er deoth.	100	USUAL OCCUPATE during most of wor None	DN (Give kind of work done king life, even if retired)	10b. KIND OF BUSINES	S OR INDUS	RY 11. BIRTHPLACE (Stote Norristo	or foreign country) Own, Pa.		N OF WHA	T COUNTRY!
physician a mave carbs haurs after	13.	FATHER'S NAME Mi	chael Peters			14. MOTHER'S MAIDEN N Marga	aret Peters			
ng physe remov 72 hau	15 (Ye	WAS DECEASED EVE	R IN U S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY		eer's Head H	ospital Record		sbury	, Md.
e attending nen please re nt within 72			ATH [Enter only one couse part of the couse	er line for (a). (b), ond Arterioscl	(c).] erotic	Cardiovascul	ar Disease	d	INTERVAL B	ETWEEN D DEATH
n. signed by th it permit. Th id in any eve		Conditions, if a gove rise to i cause (a), stating lying cause lost.	mmediote Course	Arterioscl	erosis	generalized			?	
physicio nas been rial-trans naval, a	CATION	L, X	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT I	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(c	PERF	AUTOPSY DRMED?
ficate I ficate I the bur	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20b.	DESCRIBE HOW INJUR	Y OCCURRED	(Enter nature of injury in P	ort I or Part II of item 18.)			
this cert ruse as emation	MEDICAL	20c. TIME OF INJUI Hour a. j., p. m.	, W	0d. INJURY OCCURRED /hile Not while work of work	20e. PLA foct	TE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City or town)	(Cour	nty)	(State)
ed by the hospit RECTOR, After be of her hed for rior to botial, at		21. I certify to alive on ACTUAL SIGNATURE	May I	and an		occurred at 3:05	May 1, 1957  M. from the causes of the cause	and an the state)	date stat	deceased ed above. ATE SIGNED /57
RAL DI RAL DI should istrar p		NAME (Type)	L. V. Maldve,	M.D.		Sali	sbury, Marylan	d		
may be TO FUNE page 3 the reg	23.	BURIAL, CREMATIC REMOVAL (Specify) FUNERAL DIRECTOR	0-4-170	7 Fairm ADDRESS	EMETERY OR	L Cometra	Farmen By REGISTRAR 24b. REGISTRAR	or county)	(Sto	(e)
/S A15 (4) 5M 9/55	٥	tein	R. Wilser	7 Pame	res C	mo mo ME	0 1957	Dary OF	Arli	loway

BEGEIVEL V. S.

be executed within 49

Certifical L

INSTRUCTIONS

ATTEMPTED THE SIGNAL OR HOLFITAL: The law require that the death. The bottom copy with the retained by the harpital or attending playsician.

## CERTIFICATE OF DEATH

05723

Reg. Dist. No. 332

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICO MARYLAND	STATE Maryland COUNTY Wiconico
CITY (If outside corporate limits, write RURAL OR and give nearest lown) TOWN  Sallsbury	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 1	STREET (If rurel give location)  ADDRESS R. D. # 1
3. NAME OF (First) (Middle) (Type or Print) NOAH THOMAS ST	(Last)  4. DATE (Month) (Day) (Yaar)  OF DEATH MAY 21 st 19 57
5. SEX 6 COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed Sept.	Months   Deys   Hours   Min
	11. BIRTHPLACE (State or foreign country)  Crawford, Ill.  USA
John Lewis Stephens	14. MOTHER'S MAIDEN NAME Susaner Priscilla Misner
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, Unit unit.) (If Yas, give wer or delas of service)	Mrs. O. Clayton Whayland (Daughter) R. D. # 1 Salisbury, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) CARCINC MA	LIP WITH METASTASIS 2 1/2 YAS
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work	214, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7. alive on MAY, 1957, and that death occurred at alignature Dr. John Bloxom	7125PeM, from the causes and on the date stated above.
John Blodom M.O. Me	ADDRESS (Street, city, town, state)  dical Center -Salisbury, Maryland May 22 / 56
23 BURIAL, CREMATION, PARE OF CEMETERY OR REMOVAL (SPECIFY)  Burial  May 25,1957  Wicomico Mem	
Burial May 25,1957 Wicomico Mem  24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 5/3/3/37 Mary Holeaway	HOLLOWAY & COMPANY - SALISBURY, MARYLAND
127	

SUREAU V. E.

1.	PLACE OF DEATH	Wicomico		MARYLAN	2. USUAL RESIDENCE		lived. If institu	Υ		ssion)
	. CITY OR TOWN B	f outside corporate limits, write	RURAL C.	LENGTH OF STAY IN 1		If outside corpor	ole limits, write	RURAL and giv		wn)
	and give nearest town	)		l day	/2Saliebury	·				
0	Saliabus NAME OF HOSPIT	TAL OR INSTITUTION (II	not in hospital,	- LLC-7	d. STREET ADDRESS				e, IS R	ES-DENCE A FARM?
82. E	oringula i	General Hes	oi: l		722 Sou	ih Park	Drive			NO D
	NAME OF DECEASED	Fire		Middle	Lost	4. DATE OF	Month	D D	ay	ear
-	(Type or print)	Annie		rances	Taylor	DEATH	5			9 57
5. 3	iEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Day		ER 24 HRS. Min.
	F	W	WIDOWED V	DIVORCED	-2-1870		87 yrs.			
100	. USUAL OCCUPATE furing mest of working	ON (Give kind of work d ng life, even if retired)	one 10b, KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slot	e or foreign cou	nlry)	12. CITIZEN	OF WHAT	COUNTRY?
- / _	at home		hor	ne	Maryla	ınd		U.S	.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
		atley T. Jo			Emiline 3	ones				
(Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16. SOC	IAL SECURITY NO. 117.	INFORMANY		Address			
) [	No	No	N	one E	rs. J. W. Whi	to,722	S.Pari	Dr. Sul	ist r	
		TH [Enter only one cause	se per line for (	o), (b), ond (c).]				III C	NTERVAL BETWONSET AND DE	een Ath
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Periph	eral circul	atory failure	9			Hours	
	902.0	DUE TO								
1	Conditions, if e		Intert	rochanteric	: Practire o.	ri l.t l.	ip		Houca	
	gove rise to imme (o), stoting the									
	cause lost.	(c)_								
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CONE	DITIONS CONTR	18UTING TO DEATH BU	NOT RELATED TO THE TER	MINALDISEASE C	ONDITION GIV	'EN IN PART 1(d	PERFO	AUTOPSY RMED?
CERTIFI	20g EXTERNAL CAPRIMARY GO CO CAUSE OF DEATH.	USE WAS NTRIBUTING I		out of bed	(Enter noture of injury in Po	ert I or Part 11 of	item 18.)			
MEDICAL	20c. TIME OF INJU		r 20d. 1NJU	RY OCCURRED   20e. P	LACE OF INJURY (Home, for		town)	(County)		(State)
<u> </u>	Hour o.m.	5.5.57	While of work	Not while at work	ctory, street, office bldg , et Hame		ahuru	Wi comi	00 1	£.3
1.5		hat I toak charge	of the rem	ains described al	ave, held an Autap		pection 7.			
2						" Street "	I-makin,			,,,,,
2	death resulted	fram: Natural o	causes 🗍	Accident 4. S	uicide II. Hamicid	le II. Und	erermited c			
2	death resulted	fram: Natural	causes [],	Accident 4, S	uicide 🔲, Hamicid	e [_], Und	elermineo c			
2	ACTUAL	fram: Natural o	causes [],	Accident 4, S	CHIEF MEDICAL		elermined C		DATE	IIGNED
N		from: Natural	causes [],	Accident 4, S		EXAMINER [			DATE	SIGNED
W	ACTUAL	Emle	R	Accident 4, S	M.D. CHIEF MEDICAL	EXAMINER [			DATE:	SIGNED
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Earl I.	Royer,	Accident 4, S	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL	EXAMINER CAL EXAMINER C		<u>he v</u>	DATE :	
	ACTUAL SIGNATURE EXAMINER'S NAME (Typo)	Earl I.	Royer,	NAME OF CEMETERY	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL OR CREMATORY	EXAMINER CAL EXAMINER CEXAMINER CEXA	DN (City, town,	or county)		
222	ACTUAL SIGNATURE EXAMINER'S NAME (Typo)  BURIAL, CREMATIC REMOVAL (Specify	Earl L. DN. 225. DATE THEREO 5/8/195	Royer,	8	ASSISTANT MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL DR CREMATORY	EXAMINER CAL EXAMINER CEXAMINER CEXA	ON (City, town,	or county)	- 17 (Stor	
222	ACTUAL SIGNATURE  EXAMINER'S NAME (Typo)  BURIAL CREMATIC REMOVAL (Specify Purial)	Earl L. DN. 225. DATE THEREO 5/8/195	Royer,	NAME OF CEMETERY C	ASSISTANT MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL DR CREMATORY	EXAMINER CAL EXAMINER OF EXAMI	ON (City, town,	or county)	- 17 (Stor	

DECENED

BUREAU V. S.

VCCI OI YAM

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

e & thelp

(Yeer)

IF UNDER 24 HRS

CITIZEN OF WHAT

U. 3. A.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO X

/57

(State)

ADDRESS

SALISBURY MARYLAND

(State)

COUNTRY?

CELVED VALUE

BUREAU V. K.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05726 **CERTIFICATE OF DEATH** Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY h. COUNTR MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? eniz Bil YES NO 3. NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 19,5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In/years) AF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED T DIVORCED [7] 10a. USUAL/OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) auseron 13 FATHER'S NAVE 15. WAS DECEASED EVER W. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 602 DUE TO eneteral obstruction Conditions, if ony, which ] gave rise to immediate **DUE TO** cause (a), stating the underneteral and Renal Calculi lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) Not white of work of work 21. I certify that I attended the deceased from May 12 1957, to MAY 13, 1957, that I last saw the deceased alive an MAY 13 and that death accurred at 11 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 707 CAMLEN SIGNATURES PHYSICIAN'S NAME (Type) 279, RUPIAL, CREMATION, 276. DATE THEREON REPORTS (Specific) 22c. NAME OBCEMETERY OR CREMATORY (State) 23. FUNCEAN DIRECTOR'S SUBNATIVE **ADDRESS** 24g. REC'D BY REGISTRAR 245, REGISTRARE SIGNATURE

BUREAU V. E.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

Iters 13.14 05730 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY a. COUNTY Q. STATE MARYLAND WICOMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) RINCESS ANNE 1 zhows. DALISBURU d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE OR INSTITUTION ON A FARM? TENERAL YES NO DE ENINSULA NAME OF 4. DATE Lost Month Year DECEASED OF DEATH (Type or print) MA195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED | DIVORCED | 10a USULHOCCUBATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY dum most of working life, even if retired) 17. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. offer 13. FATHER'S NAME Fannie Nutter William Waters IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INSORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cosse (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour ø. m. Not while at work at work 21. I certify that I attended the deceased fram.... and that death accurred at 3ialive an M. fram the causes and an the date stated above. ACTUAL SIGNATUR PHYSICIAN'S NAME (Type FUNER RIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF GEMETERY OR CREMATORY (State) poge 0 FUNERAL/DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. L.

DECEINED 1921





1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05734
4 050		05732 CERTIFICATE OF DEATH  Reg. Dist. No. 332
Poge Wirecton		1. PLACE OF DEATH O. COUNTY  O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) O. STATE  D. COUNTY  WICOMIED
death		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Chincote, after
by the f		d. NAME OF HOSPITAL OF not in hospital, give street oddress) ON A FARM?  LADIN SULA DEPENDENT HOSPITAL  ON A FARM?  YES NO DE  NO DE  ON A FARM?  YES NO DE  ON A FARM?
24 hau		3. NAME OF DECEASED (Type or print) Tesse Robert Wotson Date Month Doy Year DEATH 5 26 1957
within letely fi s. Poge		5 SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Mod No. 17. WIDOWED DIVORCED JULY 28. 1890 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS loss birthday) Months Doys Hours Min.
executed and comp and poper death.	/	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)  13 CITIZEN OF WHAT COUNTRY 12. BIRTHPLACE (Stote or foreign country)  14 CITIZEN OF WHAT COUNTRY 12. BIRTHPLACE (Stote or foreign country)  15 CITIZEN OF WHAT COUNTRY 12. BIRTHPLACE (Stote or foreign country)
cion on scorboi		Jasse R. Watson St. Mary Hidre Ws
ng physicemays		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no or unknown) (If yes, give wor or dates of service)  25-40-4537 1144 - Relia Waltanee
attendir n please t within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  My o Cardial  In Part from  ONSET AND DEATH
that the by the hit. The my even		Conditions, if any, which) the Coronary On tribscherosis and Herrestrusion.
requires on. n signec sit pera		gove rise to immediate cause (a), stating the under lying cause tast.  DUE TO Diabete Mellifes
physici paysici nas beel rial-tran	4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES   NO
tan: T rending flicate h the bur		20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II or P
PHYSIC al or or this cert r use os emation		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while at work at
After 1 After 1 hed for riot, cr		21. I certify that I attended the deceased from MAY 21, 1952, to MAY 26, 1957, that I last sow the decease alive on MAY 26, 1957, and that death occurred at 5 P.M. from the causes and on the date stated above
d by the	/	ACTUAL SIGNATURE C. Hill ( M. M.D. ADDRESS (Street, city or town, stote) DATE SIGNI
retaine RAL DIS should I		PHYSICIAN'S NAME (Type)
moy be FUNE Proge 3		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF EXEMPTORY 22d LOCATION (City, town, or county) (Stotely BURIAL) MEY 29-1957 GREEN WOOD (Chincote gue Virginio
VS A1S (4)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE 6-4-57 Maryll. Hollswell
	ı	1/6

BUREAU V. E.

DECEINEU

			MARY 057		STATE DEPART		NT OF HEAL' E OF DEA'		LTIMORE,			735
,	1	PLACE OF DEATH o. COUNTY Wicomic			MARYLAN	2	usual residence of state Marylar	Where decea		Reg. Dis		Imission)
	F		(If outside corporate lim	ils, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN				live neorest	lown)
	_	Deln	nar		l Yr.		Salisbu	- M				
ひめ			TAL (If not in hospital, in the spital, in the spital, in the spital in	giva street	oddress)	1	309 Col	lege A	ve.		C	RESIDENCE N A FARM?
	3	NAME OF DECEASED (Type or print)	Helen	Но	Middle Nea	the	lost rhead	4. DATE OF DEAT	Mo	nth	Day 2	Year 19 57
	5.	SEX	6. COLOR OR RACE		RIED NEVER MARRIED	] B. (	DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS
		'emale	White	WIDOW	- Applied	U	Inknow Arou	ınd	90 yrs			urs Min
	100	during most of wor	ON (G ve kind of work rking life, even if retired	dane 10b. I)	KIND OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE (SE	ote or foreign	country)			HAT COUNTRY
I	13.	H OUSE	e Wife		Own Home	J.	Pa.	N NAME		U.	S.A.	
/		Unknow					Unknov					
	15.		ER IN U. S. ARMED FOI		SOCIAL SECURITY NO. 17	. INFO	RMANT	1	Add	kess		
	L	No	to her her man on page or	pervice)	None	Mr.	Leroy Rig	gin, L	18 Penn.	Ave.,	Sal.	Md.
			ATH [Enter only one co	ouse per li	ne far (a), (b), and (c).]	0			4		INTERVA	L BETWEEN
		Conditions, if a gave rise to coese (a), stating lying couse last.	the under-	)	<u> </u>							
	ICATION			IDITIONS	CONTRIBUTING TO DEATH E	BUT NC	T RELATED TO THE TE	RMINAL DISEA	ASE CONDITION GI	VEN IN PART	PE	AS AUTOPSY REORMED?
	L CERTIF	200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH  GOVERNMENT CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (	Enter nature of injury	in Part I or P	ort II of item 18)			
	MEMICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye		NJURY OCCURRED 20e. Nat while of work	PLACE	OF INJURY (Home, for street, affice bldg.,	orm, 20f (Ci etc.)	ty or town)	(0	ounty)	(State)
		21. I certify to	hat 1 attended the	deceas		12	, 19 <u>,57</u> , to			. ,		he deceased
		actual	3/4-7	, 12 <u>-</u>	Z, and that dec	oth ac	Delmar,	ADDRESS	om the causes of [Street, city or town,	and an th	e date s	pate signed /1957
		PHYSICIANIS	r. Ernest	Larm	ore, Grove St	- MLD	*					
	220	BURIAL, CREMATIC REMOVAL (Specify BUXTAL)	ON, 226. DATE THEREO	57	2c. NAME OF CEMETERY Parsons Ceme				ATION (City, town, isbury, M			State)
** *** ***	1	funeral director The Hill (		o. Sa	ADDRESS alisbury, Mar	yla		5-6-5	STRAR 246 REGI	STRAR'S SIG	NATURE LLO	want
4		n	orman t. Sal	w					-			





		MARYLAND STATE	DEPARTMENT OF	HEALTH-BALTIN	18 NORE, 18	05736
( )			ERTIFICATE OF	DEATH	Reg. Dist. N	721
director iled with	1.	PLACE OF DEATH 5. COUNTY Wicomico	MARYLAND 0. STATE	SIDENCE (Where deceased live		
lo ed	Г	RURAL and give nearest town)	1 57.1	R TOWN (If autside corporate i		nearest fown)
2 sho	-	Siloam 72 Y1 d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rt	d. STREET			e. IS RESIDENCE ON A FARM? YES NO
l and		NAME OF First	Middle L	4. DATE OF	Month (	Day Year
Poges	1	(Type or print) HERMAN WH)  SEX 6. COLOR OR RACE 7. MARRIED D NEVER	A ST COUNTY OF STATE	<u> </u>		19 19 57 AR IF UNDER 24 HRS.
mplek Pers.	10c	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUS		,1884 7	2 yrs.	OF WHAT COUNTRY
ond com bon pap er death.	L	Farmer Own Far	m Ma	ryland	U.S.	
5 5 5	13.	FATHER'S NAME  Henry Wheatley	_	ian <b>na</b> White		
g physici remove	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wer or dates of service)	RITY NO. 17. INFORMANT		Address	
tendin pleose vithin	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b).  PART I. DEATH WAS CAUSED BY:	ond (c).]	man Wheatkey	Same In	TERVAL BETWEEN
Then Then event		IMMEDIATE CAUSE (c)  DUE TO	uma /	dung		5 mon
ermit.		Canditions, if any, which gave rise to immediate DUE TO		/		
en sign. ansit p and is	z	lying couse lost. (c)				I
physical phy	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	PERFORMED?
ending ficate the bu		200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BURY OCCURRED. (Enter nature	of injury in Port I or Port II of	(tem 18.)	
or afficertiis certii	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR Haur a. m. White Not white of work at work	factory, street, affi	(Home, farm. 20f. (City or to ce bldg., etc.)	(County	y) (Stole)
ospital filer th ad for	*	21. I certify that I attended the deceased fram.	179 1, 19	, to 3 -/9-5	that I last	saw the deceased
		alive an 3 - 13 , and	d that death accurred a	t 5:00A eM, from the ADDRESS (Street,	city or town, state)	ate stated above
ined by DIRECT Id be prior		SIGNATURE TO A COUNTY	M.O. Fru	itland, Maryla	and 5	/20 <b>1</b> 1957
oy be retoined FUNERAL DIRE age 3 should b e registrar prio		PHYSICIAN'S Dr. Lee Lawry, Fruitlan				
O FUN Poge (	L	Burial 5/21/1957 Wicom:	of Cemetery or Crematory  Ico Memorial Pa		(City. town, or county) Ty, Maryland	(State)
S A15 (4) 5M 9/55	}	funeral director's signature Address ne Hill & Johnson Co. Salisbury		240. REC'D BY REGISTRAR DATE - 21-57	246. REGISTRAR'S SIGNATION AND AND AND AND AND AND AND AND AND AN	Hollon
		Moran and Baken			1	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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## Film 216 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 18

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TOME TO SERVICE STATE OF THE S	(25750 -	-					Reg. Di	st. No.	
1. PLACE OF DEATH	0100			2. USUAL RESIDENCE	(Where dece	used lived. If institu	ution: Reside	nce befo	re admission)
Wicom	ice		MARYLAND	o. STATE	rvlind	b. COUNT	Y STERN	and m	
b. CITY OR TOWN	If outside corporate limits, writ	RURAL	C. LENGTH OF STAY IN 16			rporate limits, write			
Delm	,		10 *****	XZ Delm	0.00 70				
	TAL OR INSTITUTION (	If not in hosp	10 yrs	d. STREET ADDRESS					. IS RESIDENO
Rura			and, give siteer decress,	Rur					ON A FARM
3. NAME OF DECEASED	Fir	si	Middle	Lost	4. DATE	Mant	h	Day	Year
(Type or print)	Bruno	Walte:	r Wolf		DEATH	-		10	7 19
5, SEX				B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	700	F UNDER 24 H
2.0	2.7	WIDOWED				fost birthday)			Haurs Min.
In USUAL OCCUPAT	ION (Give kind of week		NO OF BUSINESS OR INDUS	2-15-1900		57 yrı.			
during most of work	ing life, even if retired)			IKT II. BIKIHPLACE (SI	ole or toreign	country)	12. CITIZ	ZEN OF	WHAT COUNT
Contra	otor	R	oad	Germa	ny			US	A
13. FATHER'S NAME				14. MOTHER'S MAIDEN	N NAME				
Joseph We	olf			Marruerit	e Reje	H			
15. WAS DECEASED E	VER IN U. S. ARMED FO		OCIAL SECURITY NO. 17.	NFORMANT	A STATE OF	Address			
No.	(If yes, give war or dates at		2-18-3097	Erna Schu	lte. I	Delmar,	Del.		
	ATH [Enter only one cou							Instrau	AL BETWEEN
	ATH WAS CAUSED BY:	, per	(4), (6), 6.16 (6), ]					ONSET	AND DEATH
277	IMMEDIATE CAUSE (6)	-	Pulmonary ec	ema				Su	dden
2000	DUE TO								
Conditions, if			Acute alcoho	lism				Hor	irs
gove tite to imm (a), stoling the									
cause lost.	(c)								
Z PART H. OT	HER SIGNIFICANT CON	DITIONS COL	STRIBUTING TO DEATH BUT !	NOT RELATED TO THE TEN	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPS
PART H, OT									PETFORMED?
200 EXTERNAL CA	JUSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED. (I	Inter nature of injury in I	Part I at Part I	Laf item 18 )		1.5	ST NO
PRIMARY OF CO	MIKIDUIING LI	o. Degenior	TOTAL DECEMBED: (I	timet nations of Injury in i	on i di ron i	1 01 1Fem (6.)			
		Too to	Ton				mark Commence and the c		
20c. TIME OF INJU		While	UURY OCCURRED 20e. PLA	CE OF INJURY (Home, fo ory, street, affice bldg., a	orm.   20f. (Cit	y or lown)	(Caur	nty)	(Store
P. m.		al worl	at work	Home					
21. I certify I	hat I taak charge	of the re	emains described abo	ive, held an Autaj	psy A,	nspection IL	Inquiry	y [[].	and in n
opinion death	resulted from	Vatural co	ouses . Accident	]. Suicide [].	Hamicide	Lindate	rmined m	-	
	0		0		- idinicide	, Olidele	moneu m	anner	
ACTUAL	1 X	h x	The o	CHIEF MENICAL	EVALUATED (**	1			DATE SIGNED
SIGNATURE			X	_M.D. CHIEF MEDICAL					
EXAMINER'S	Powl II P			ASSISTANT MED		Light .			
	The same of the sa	r, ll.I		DEPUTY MEDICA	AL EXAMINER	Ų.	-21-57	7	
220. BURIAL, CREMATI- REMOVAL (Specify	ON. 226. DATE THEREC	F 2	72c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)
Burial	5-21-5	7	Mt. Olive Car	eterr	De	Imer. Dat			
23 TONERAL DIRECTO	SIGNATURE	11	ADDRESS	20 740. RE	C'D BY REGIS	TRAR 246 REGIS	STRAR'S SIGN	NATURE	
111-01-1	Marnh	AN	Dolmar	A DIL DATE	MAY 24	57 (818	A . D	1	
July and and	1001	W-3		De Carlo			11-1000	WIN	

4 should be forward.
TO FUNERAL DIRECTOR OF 115 designated by VS. A15ME 5M 2/57

BUREAU V. S.

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